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DIFFERENTIAL DIAGNOSIS
OF THE
DISEASES OF THE SKIN

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MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS.
ESSENTIALS OF PHYSICS AND CHEMISTRY.
THE MEDICAL STUDENT'S ESSENTIALS OF PHYSICS.
INTRODUCTORY ORGANIC CHEMISTRY.

IN PREPARATION.
EXCESSIVE SWEATING AND ITS MANAGEMENT.

DIFFERENTIAL DIAGNOSIS

OF THE

DISEASES OF THE SKIN

FOR STUDENTS AND PRACTITIONERS

BY

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TO

DR. ROBERT W. TAYLOR

WHOSE EFFORTS HAVE DONE MUCH TO FURTHER THE ADVANCEMENT OF
DERMATOLOGY, AND TO WHOSE VALUABLE TEACHINGS AND EXPLANA-
TIONS OF THE SKIN DISEASES AT THE NEW YORK HOSPITAL THE
AUTHOR FEELS ESPECIALLY INDEBTED,

THIS LITTLE VOLUME IS INSCRIBED

PREFACE.

To the student and general practitioner in medicine, skin diseases are usually considered either so unimportant, uninteresting, or undiagnosible that they have not received, at the hands of the profession, the attention they deserve or demand.

That skin diseases are uninteresting should be no argument for their neglect, for their importance can be readily appreciated by the frequency with which they are met in general practice.

That their diagnosis is difficult is very true, and the tendency for many physicians to call all skin disease *eczema* as a loop-hole for their ignorance when cornered by their patients demanding a diagnosis, is only equalled in frequency by their number of cases of *malaria*.

It is the intention of the author in presenting this little book to the profession to set before the reader, in tabulated form, the characteristic symptoms of such skin diseases which are most liable to be confounded one with another, so that their diagnosis may be simplified.

The author is fully aware of the difficulty of studying skin disease otherwise than on the body of the patient, but hopes that the following pages may assist the physician in forming a correct diagnosis of the case under examination.

As many of the skin diseases are still obscure, and offer, under different circumstances, greatly modified symptoms and lesions, and yet are considered as belonging to the same affection, it be-

comes very difficult in many cases to make a differential diagnosis.

As an example of such an affection is the *dermatitis herpetiformis* of Duhring, which appears under no less than six different forms having some symptoms in common, but differing in many of its lesions.

Thanks to the untiring efforts of such students in dermatology as Taylor, Fox, Buckley, Duhring, and others, skin diseases are coming rapidly out of the obscurity in which they have been buried for years, and greater success in their causation, pathology, diagnosis, and treatment may be expected.

Acknowledgment is here made of the aid derived from the clinical teachings of Fox, Buckley, Taylor, and Moore, and of the writings of Duhring, Hyde, Squire, Hebra, Anderson, and others, to whose help it is hoped this little work will find favor with the students and practitioners in medicine.

150 West 53d St., New York,
July, 1887.

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CLASSIFICATION OF THE DISEASES OF THE SKIN.

THE diseases of the skin may be conveniently grouped according to their pathological anatomy, as first proposed by Hebra, into eight classes, as follows :

CLASS I.—Parasitic Affections.

A.	{	Tinea Trichophytina	{	T. Circinata.		
Vegetable Parasites				Tinea Favosa Tinea Versicolor	{	T. Tonsurans.
						T. Sycosis.
B.	{	Scabies	{	P. Capitis.		
Animal Parasites				Pediculosis	{	P. Corporis.
						P. Pubis.

CLASS II.—Glandular Affections.

A.	{	Acne.	{	Vulgaris.
Sebaceous Glands				Indurata.
				Rosacea.
				Molluscum.
	{	Seborrhœa.		
		Comedo.		
		Milium.		
		Sebaceous cyst.		

Sweat Glands	B.	{	Hyperidrosis.
			Anidrosis.
			Bromidrosis.
			Dysidrosis.
			Hematidrosis.
			Sudamina.
			Miliaria.

CLASS III.—Neurotic Affections.

Herpes Zoster.
Pruritus.
Dermatalgia.

Hyperæsthesia Cutis.
Anæsthesia Cutis.
Dystrophica Cutis.

CLASS IV.—Inflammatory Affections.

Contagious	A.	{	Measles.
			Rotheln.
			Scarlatina.
			Variola.
			Varicella.
			Vaccina.
			Erysipelas.
			Glanders.
			Malignant Pustule.
		{	Diphtheritis Cutis.

Contagious	A.	{	Syphilis	{	Macular.
					Squamous.
					Papular.
					Pustular.
					Vesicular.
					Bullous.
					Tubercular.
					Gummata.
					Condylomata.

B. Non-Contagious	{	Roseola.	
		Erythema	{ Simplex. Multiformis. Nodosum.
		Urticaria.	
		Lichen	{ Rubra. Scrofulosis. Simplex (see Papular Eczema.) Simplex. Iris.
		Herpes	
		Prurigo.	
		Hydroa.	
		Pemphigus	{ Vulgaris. Foliaceous.
		Pompholix.	
		Sycosis.	
		Impetigo.	
		Impetigo Contagiosa (?)	
		Ecthyma.	
		Eczema	{ Erythematous. Squamous. Papular. Vesicular. Pustular.
		Pityriasis Rubra.	
		Pityriasis Capitis.	
		Psoriasis.	
		Furunculus.	
		Anthrax.	
		Abscessus.	
		Hordeolum.	
		Onychia.	
		Ulcus.	
		Dermatitis	{ Calorica. Venenata. Traumatica. Medicamentosa.

CLASS V.—**Hemorrhagic Affections.**

Purpura	{	Simplex.
	{	Hemorrhagica.
	{	Rheumatica.
Scorbutus.		

CLASS VI.—**Hypertrophic Affections.**

A.	{	Lentigo.
	{	Chloasma.
Pigmentary	{	Melanoderma.
	{	Nævus pigmentosus.
B.	{	Ichthyosis.
	{	Callositas.
Epidermis and	{	Clavus.
Papillæ	{	Cornu.
	{	Verruca.
	{	Keratosis pilaris.
C.	{	Sclerema neonatorum.
	{	Scleroderma.
Corium	{	Morphœa.
	{	Elephantiasis.
	{	Dermatolysis.
D.	{	Hirsuties.
Hair	{	Nævus pilosus.
E.	{	Onychogryphosis.
Nail	{	Onychauxis.

CLASS VII.—**Atrophic Affections.**

A.	{	Albinismus.
Pigment	{	Leucoderma.
	{	Canities.
B.	{	Atrophia cutis.
Corium	{	Atrophia senilis.

Hair	C.	{	Alopecia.
			Alopecia areata.
			Trichorexis nodosa.
			Fragilitas crinium.
Nail	D.	{	Onychatrophia.

CLASS VIII.—**New Formations.**

Connective Tissue	A.	{	Keloid.
			Molluscum fibrosum.
			Xanthoma.
Fatty Tissue	B.	{	Lipoma.
Cellular Tissue	C.	{	Lupus { Vulgaris.
			Erythematosis.
			Rhinoscleroma.
			Carcinoma.
			Sarcoma.
			Epithelioma.
			Scrofuloderma.
		{	Lepra { Tuberculosa.
			Anæsthetica.
Blood Vessels	D.	{	Nævus vasculosus.
			Angioma.
Lymphatics	C.	{	Lymphangioma.
Nerves	D.	{	Neuroma cutis.

LESIONS OCCURRING IN DISEASES OF THE SKIN.

The lesions occurring in diseases of the skin may be either primary or secondary, and from the characters which they present have received the following names :

I.—Primary Lesions.

- a.* Macules.
- b.* Papules.
- c.* Vesicles.
- d.* Blebs.
- e.* Pustules.
- f.* Wheals.
- g.* Tubercles.
- h.* Tumors.

II.—Secondary Lesions.

- a.* Crusts.
- b.* Scales.
- c.* Excoriations.
- d.* Fissures.
- e.* Ulcers.
- f.* Scars.

Macules are colored portions of altered skin neither elevated nor depressed.

Papules are circumscribed, solid elevations of the skin.

Vesicles are circumscribed, non-purulent fluid elevations of the epidermis.

Blebs are irregular-shaped fluid elevations of the epidermis larger than the vesicle.

Pustules are circumscribed fluid elevations of the epidermis containing pus.

Wheals are flat, raised, solid elevations of the skin of an evanescent character.

Tubercles are circumscribed solid elevations of the skin, firmer, deeper, and usually larger than the papule.

Tumors are of various sizes—usually they are large prominences of the skin.

Crusts are dried products of the diseases of the skin.

Scales are laminated epidermis separated from the skin.

Excoriations are superficial losses of tissue from the skin.

Fissures are cracks in the epidermis or skin.

Ulcers are excavations in the skin, the result of molecular death.

Scars are formations of cicatricial tissue in the skin taking the place of the normal integument.

DIAGNOSIS OF DISEASES OF THE SKIN.

In making a diagnosis in skin diseases a good history of the case must first be obtained and then a careful examination of the lesion presented.

In obtaining this it would be well to follow some such systematic plan as here presented.

I.—History of the Case.

1. Age.
2. Sex.
3. Occupation.
4. Previous illness.
5. Length of the present attack.
6. Constitutional disturbance.
7. Local symptoms.

II.—Examination of Lesion.

1. Extent of lesion.
2. Distribution.
3. Color.
4. Acute or chronic.
5. Individual lesions.

Age. The age of the patient is often a very important factor in making a correct diagnosis, for many diseases of the skin occur exclusively in children, and others in adults. Thus scarlet-fever,

chicken-pox, measles, impetigo, some forms of eczema, occur almost exclusively in children, while psoriasis, pruritis, tinea versicolor, epithelioma, etc., never occur in infants.

Sex. Although sex is less important than the age in diagnosing skin affections, it is nevertheless of some aid, for such a disease as syphilis occurs only in the male, while other affections, as epithelioma, occur more often in the male and lupus in the female.

Occupation. A disease is often known by the cause that produces it. By ascertaining the occupation of the patient, the cause of his skin disease may be determined and the diagnosis made or confirmed. Thus washerwomen and others whose hands are frequently in water suffer from eczema, workers in chemicals from dermatitis, etc.

Previous illness. Many skin affections, especially those caused by the exanthematous diseases, as measles, small-pox, etc., a person has but once, while other eruptions, as eczema, psoriasis, etc., one attack is quite sure to be followed by others. Thus it is of the greatest importance to obtain the previous history of the patient.

Many of the syphilitic lesions are so obscure that without a history of chancre it would be difficult to make a positive diagnosis. While with such a history the treatment is, at any rate, very satisfactory.

Length of present attack.—By determining this history we arrive at the acute or chronic character of the eruption. Acute symptoms, such as measles, erythema, urticaria, etc., are of short duration, lasting for hours or days. Subacute eruptions, as eczema, are of longer duration and last for weeks, while in the chronic affections, as lepra, lupus, psoriasis, acne, etc., the eruption lasts for months or years.

By obtaining this history many diseases may be eliminated and the diagnosis be selected from a few.

Constitutional disturbance.—With most of the inflammatory contagious affections of the skin the constitutional symptoms are pronounced. In such affections as erythema and urticaria there is nearly always some stomach disturbance ; in more chronic affections, as psoriasis and eczema, the general health suffers but little, while in lepra, syphilis, epithelioma, etc., the constitutional symptoms and general impairment of health form one of the marked features of the disease.

Local symptoms.—A snap diagnosis can frequently be made of a skin disease by the local symptoms as represented by the patient. Thus, in psoriasis, eczema, and the parasitic skin diseases, itching is a constant symptom.

In urticaria there is burning and smarting ; in herpes zoster, burning and lancinating pains—some of the symptoms being almost diagnostic of the disease in which they occur.

But if the history of the case is important, much more so is the personal examination of the lesion presented.

Extent of lesion.—Some skin diseases are limited to certain portions of the body, others have a predilection for particular parts, others occur on any part of the body, while still others extend over the whole surface. Thus, sycosis affects the hair follicles, acne appears on the face and shoulders, eczema may attack any portion of the body, while the exanthemata extend over the entire surface.

Distribution.—The distribution of skin eruptions are also of importance. Some forms of skin disease, as psoriasis, are circular in shape, as is also tinea circinata ; others annular, as herpes iris ; others follow nerve course, as herpes zoster, etc.

Color.—The color of the skin lesion will frequently throw much light on the diagnosis. For instance, the later syphilitic lesions are of copper color ; the keloid, pinkish ; chloasma vulgaris, a yellow or reddish purple ; leucoderma, a dead white, etc.

Acute or chronic.—The appearance of a skin eruption will frequently show whether it is acute or chronic, whether on the increase or decrease, without obtaining a history from the patient.

This is of importance, for frequently it is impossible to obtain a history, or else the patient may purposely give a wrong one to mislead the physician.

In the acute affections we may expect to find the primary lesions present with more or less signs of active inflammation, and frequently, as in urticaria, the exanthemata, and erythema, some acute constitutional disturbance, as fever, vomiting, and general malaise.

In the chronic affections the symptoms are much less active in character ; some of the secondary lesions are usually present with or without the primary ; there is frequently, especially in the syphilides, pigmentation of the skin, and the constitutional symptoms are seldom active, although there may be, as there is in lepra, syphilis, and cancer, great impairment of the general health.

Individual lesions.—Here each lesion must be examined carefully to see of what character it partakes, whether the lesions are all of one kind or are multiple.

In some skin diseases they are distinctly macular ; in others, papular ; in others, pustular, etc. ; and by carefully noting in which group they belong the diagnosis may be narrowed down to one of a few eruptions.

In many of the skin diseases, however, the lesions may change from day to day—that is, they may be macules one day and papules or pustules the next ; or else the lesions may be multiple, consisting of two or more forms of eruption, yet belonging to the same disease.

For these reasons it is impossible to classify skin diseases accurately according to their individual lesions presented.

In the following table the skin diseases are arranged according to the most constant and characteristic lesion which they present, and, although not strictly accurate, may be of some help to the diagnostician :

I.—Macules.

Erythema.	Erythematous lupus.
Chloasma.	Lepra (macular).
Leucoderma.	Measles.
Tinea versicolor.	Scarlet-fever.
Purpura.	Rotheln.
Lentigo.	Roseola.
Erythematous eczema.	Erythematous syphilide.
Nævus pigmentosus.	Dermatitis.

II.—Papules.

Papular eczema.	Keratosis pilaris.
Lichen.	Comedo.
Prurigo.	Small-pox (second day).
Milium.	Ichthyosis.
Papular syphilide.	Miliaria (papular).
Acne.	Scabies.

III.—Vesicles.

Vesicular eczema.	Miliaria (vesicular).
Herpes.	Variola (third day).
Herpes zoster.	Impetigo contagiosa.
Chicken-pox.	Scabies.
Pompholix.	Herpes iris.

IV.—Blebs.

Pemphigus.	Erysipelas.
Hydroa.	Herpes.
Bullous syphilide.	Dermatitis.

V.—Pustules.

Small-pox (sixth day).	Pustular eczema.
Sycosis.	Impetigo.
Pustular syphilide.	Scabies.
Ecthyma.	Dermatitis.
Acne.	Tinea sycosis.

VI.—Wheals.

Urticaria.	Insect bites.
Purpura.	Erythema multiforme.

VII.—Tubercles.

Sycosis.	Lupus vulgaris.
Acne (indurata).	Acne molluscum.
Tubercular syphilide.	Epithelioma.
Lepra (tubercular).	Acne rosacea.

VIII.—Tumors.

Sarcoma.	Fibroma.
Carcinoma.	Keloid.
Gummy syphilide.	Erythema nodosum.
Elephantiasis.	Lipoma.
Angioma.	Scrofuloderma.

IX.—Scales.

Squamous syphilide.	Seborrhœa.
Squamous eczema.	Ichthyosis.
Scarlet-fever.	Pityriasis rubra.
Measles.	Psoriasis.
Parasitic diseases (vegetable).	Dermatitis.

X.—Excoriations.

Parasitic diseases.	Prurigo.
Pruritus.	Eczema.

XI.—Fissures.

Eczema.	Syphilis.
Psoriasis.	Ichthyosis.

XII.—Crusts.

Eczema.	Herpes.
Syphilis.	Impetigo.
Ecthyma.	Sycosis.
Seborrhœa.	Scabies.
Scrofuloderma.	Lepra.
Herpes zoster.	Carcinoma.

XIII.—Ulcers.

Syphilis.	Scrofuloderma.
Lupus vulgaris.	Epithelioma.
Lepra.	Sarcoma.

XIV.—Scars.

Ulcerating skin diseases.	Lupus erythematosus.
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XV.—Unclassified (multiple lesions).

Erythema multiforme.	Dermatitis herpetiforme.
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It must not be forgotten that two or more skin diseases may make their appearance at the same time, or occur together in the same person, and although this may complicate matters so that the diagnosis is uncertain, still the characteristic lesions and symptoms of each are usually distinctly present, and can be made out by careful study.

At the New York Dispensary I have seen as many as seven distinct skin diseases upon the same man, each of them being so distinct as to be easily recognized.

Having thus examined the case thoroughly as to its history and individual lesions let us by differentiation of these symptoms and lesions arrive at a correct diagnosis.

DIFFERENTIAL DIAGNOSIS OF THE PARASITIC
SKIN DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE PARASITIC SKIN DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Tinea circinata	<div> <div>{</div> <div> Squamous eczema. Seborrhœa. Psoriasis. Erythematous lupus. </div> </div>
Tinea tonsurans	<div> <div>{</div> <div> Squamous eczema. Seborrhœa. Psoriasis. Alopecia areata. </div> </div>
Tinea sycosis	<div> <div>{</div> <div> Sycosis (non-parasitica). Pustular eczema. Vegetating syphilis (condylomata.) Acne. Seborrhœa. </div> </div>
Tinea cruris	<div> <div>{</div> <div> Eczema. Erythema (Intertrigo). </div> </div>
Tinea favosa	<div> <div>{</div> <div> Impetigo (of scalp). Pustular eczema. </div> </div>
Tinea versicolor	<div> <div>{</div> <div> Pityriasis ruber. Vitiligo. Chloasma. Erythematous syphilide. Seborrhœa. Erythematous eczema. </div> </div>

Scabies	{ Eczema (papulo-pustular). Pediculosis. Impetigo contagiosa. Prurigo. Miliaria.
Pediculosis	{ Eczema (papulo-pustular). Scabies. Prurigo.

Tinea Circinata.—A vegetable parasitic disease caused by the *trichophyton*, occurring on the non-hairy-portions of the body, and characterized by the formation of circular, desquamating inflamed patches, accompanied by itching.

Synonyms. — Tinea trichophytina corporis, ringworm of the body, herpes circinatus. Diagnosis :

Tinea Circinata.

1. Eruption circular in form.
2. Margins well defined and raised.
3. Slight shreddy desquamation.
4. Communicable.
5. Eruption annular in character.
6. Tendency to heal in the centre.
7. Disease runs an acute course.
8. Presence of mycelium under microscope.

Tinea Circinata.

1. Eruption inflammatory in character.
2. Disease communicable.
3. Surface of lesion dry.
4. Follicles not enlarged.
5. Disease runs a rather acute course.
6. Pruritus well marked.
7. Mycelium found by the microscope.
8. Scales shreddy and thin.

Squamous Eczema.

1. Eruption usually irregular in shape.
2. Margins ill defined.
3. Scaling bran-like and abundant.
4. Not contagious.
5. Irregular character of eruption.
6. Does not heal from the centre.
7. Usually a chronic affection.
8. Non-parasitic disease.

Seborrhœa.

1. Disease not inflammatory.
2. Disease not contagious.
3. Lesion has a greasy surface.
4. Enlarged sebaceous glands.
5. Chronic affection.
6. Itching less severe.
7. Non-parasitic affection.
8. Scales thick and greasy.

Tinea Circinata.

1. Parasitic disease.
2. Communicable.
3. Acute affection.
4. Annular character of the lesion.
5. Scales shreddy and few.
6. Patches but slightly infiltrated and red.
7. Patches not symmetrically arranged.
8. Lesions seldom recur on knees and elbows.

Tinea Circinata.

1. Subacute affection.
2. Asymmetrical.
3. Scales whitish and furfuraceous.
4. Scales easily detached.
5. Patches multiple.
6. Patches annular.
7. Very distinct outline.
8. Clearing at centre and spreading centrifugally.
9. Parasitic and contagious.
10. No scarring.

Psoriasis.

1. Non-parasitic affection.
2. Not contagious.
3. Disease has a very chronic course.
4. Eruption circular, but not annular.
5. Scales abundant and pearl-like.
6. Patches deep red and thickened.
7. Symmetry of arrangement of lesions.
8. Seen often on knees and elbows.

Lupus Erythematosus.

1. Always chronic.
2. Usually symmetrical.
3. Yellowish gray scales.
4. Scales firmly attached.
5. Usually single.
6. Seldom annular.
7. Outline less distinct.
8. Does not clear at centre.
9. Not parasitic or communicable.
10. Leaves characteristic indelible scars.

Tinea Tonsurans.—A vegetable parasitic disease caused by the *trichophyton* attacking the scalp, and characterized by scaly, nearly bald patches containing broken hairs.

Synonyms.—*Tinea trichophytina capitis*, ring-worm of the scalp, trichophytosis, herpes tonsurans.

Tinea Tonsurans.

1. Acute affection.
2. Disease communicable.

Squamous Eczema.

1. Very chronic affection.
2. Not contagious.

- | | |
|--|--|
| 3. Lesion circular and sharply defined. | 3. Eruption irregular and ill-defined. |
| 4. Hairs readily detached. | 4. Hairs firmly attached. |
| 5. Hairs broken, twisted, and brittle. | 5. Hairs healthy. |
| 6. Disease of youth. | 6. May appear at any age. |
| 7. Lesion has a "plucked fowl" appearance. | 7. Skin thickened and reddened. |
| 8. Trychophyton found by microscope. | 8. Non-parasitic affection. |

Tinea Tonsurans.

1. Disease runs a rather acute course.
2. Communicable.
3. Lesion circular and sharply defined.
4. Hairs broken, twisted, and brittle.
5. Scales dry, harsh, and brittle.
6. Skin red and thickened.
7. Disease of youth.
8. Parasites found by microscope.

Tinea Tonsurans.

1. Acute affection.
2. Contagious disease.
3. Hairs deformed and easily detached.
4. Scales scanty and slate-colored.
5. Lesion confined to scalp.
6. Disease of youth.
7. Parasites found under microscope.
8. Lesion slightly thickened, with "plucked fowl" appearance.

Tinea Tonsurans.

1. Acute progressive disease.
2. Communicable.
3. Parasitic.
4. Hairs present, but deformed.

Seborrhœa.

1. Very chronic affection.
2. Not contagious.
3. Lesion irregular and more diffuse.
4. No deformity of the hairs.
5. Scales usually thick and greasy.
6. Skin not inflamed.
7. May appear at any age.
8. Non-parasitic disease.

Psoriasis.

1. Very chronic disease.
2. Not communicable.
3. Hair not diseased.
4. Scales abundant and pearly.
5. Lesion seldom confined to scalp.
6. Disease occurs at any age.
7. Non-parasitic affection.
8. Skin more infiltrated and reddened.

Alopecia Areata.

1. Chronic affection, beginning suddenly.
2. Not contagious.
3. No parasite discovered (?).
4. Absence of hair.

- | | |
|-----------------------------------|-------------------------------|
| 5. Lesion inflammatory and scaly. | 5. Skin polished and smooth. |
| 6. Itching well marked. | 6. Slight pruritus. |
| 7. Disease of youth. | 7. Occurs at any age. |
| 8. Hair follicles not atrophied. | 8. Atrophy of hair follicles. |

Tinea Sycosis.—A vegetable parasitic disease caused by the *trichophyton* attacking the hair follicles of the beard, and characterized by the formation of tubercles and pustules.

Synonyms.—Tinea trichophytina barbæ, ring-worm of the beard, parasitic sycosis, tinea barbæ, barber's itch.

Tinea Sycosis.

1. Contagious disease.
2. Subacute in character.
3. Trychophyton found by microscope.
4. Inflammation deep-seated.
5. Pain and itching moderate.
6. Upper lip rarely attacked.
7. Hairs deformed and brittle.
8. Disease not confined to hair follicles.

Tinea Sycosis.

1. Contagious affection.
2. Runs a chronic or subacute course.
3. Develops slowly.
4. Parasites found by the microscope.
5. Inflammation deep-seated.
6. But moderate burning or itching.
7. Hair loose and deformed.
8. Induration and tubercular formation.

Tinea Sycosis.

1. Directly contagious.
2. Parasite found by microscope.

Sycosis (non-parasitica).

1. Not communicable.
2. Very acute affection.
3. Non-parasitic.
4. Lesion superficial.
5. Burning and itching intense.
6. Upper lip usually affected.
7. Hairs healthy in appearance.
8. Lesion confined to follicles.

Pustular Eczema.

1. Not communicable.
2. Disease very acute in character.
3. Lesions develop rapidly.
4. Non-parasitic.
5. Superficial inflammation.
6. Very severe burning and pruritus.
7. Hairs firm and healthy.
8. Slight induration with pustular eruption and crusting.

Syphilis Vegetans (Condylomata).

1. Not auto-infectious.
2. Non-parasitic.

3. No ulceration.
4. History of contagion.
5. Hairs loose and deformed.
6. Hair bulbs the principal seat of disease.
7. Secretion scanty and diffuse.
8. No secondary lesions.

Tinea Sycosis.

1. Communicable.
2. Parasitic.
3. Occurs only on hairy portions of face.
4. Hairs loose and deformed.
5. Hair bulbs principally affected.
6. Subacute disease.
7. Lesion remains long without changing.
8. Pruritus.

Tinea Sycosis.

1. Presence of parasites.
2. Contagious.
3. Lesion limited to bearded portion of face.
4. Hairs loose, fragile, and deformed.
5. Hair bulbs diseased.
6. Presence of papules, tubercles, etc.
7. Scales or crusts dry.
8. Severe subjective sensations.

3. Ulceration common.
4. History of syphilis.
5. Hairs firm and healthy.
6. Hair follicles not especially affected.
7. Abundant secretion but circumscribed.
8. Presence of secondary symptoms and lesions.

Acne Indurata.

1. Not contagious.
2. Non-parasitic.
3. Occurs on neck, face, and forehead.
4. Hairs healthy.
5. Sebaceous glands affected.
6. Chronic disorder.
7. Lesions appear and disappear rapidly.
8. Some pain on pressure but no itching.

Seborrhœa.

1. Non-parasitic disease.
2. Not communicable.
3. Lesion may affect any part of face or scalp.
4. Hairs not diseased.
5. Affection of the sebaceous glands.
6. Absence of papules, pustules, etc.
7. Characteristic greasy scales.
8. Subjective sensations mild or absent.

Tinea Cruris.—A vegetable parasitic disease caused by the *trichophyton* attacking usually the genital region, characterized by the formation of sharply defined circular patches, accompanied by intense itching and complicating eczema.

Synonyms.—Eczema marginatum, tinea trichophytina cruris, Chinese or Burmese ringworm.

Tinea Cruris.

1. Presence of parasites.
2. Contagious.
3. Patch has a crescentic edge.
4. Edges of patch elevated.
5. Characteristic festooning of elevated border.
6. Tendency to heal at centre.
7. Scales fine.
8. Scales more abundant at border.
9. Itching quite severe.
10. Lesions often symmetrical, due to contagion by contact.

Eczema (Genital).

1. Non-parasitic affection.
2. Not communicable.
3. Border ill defined.
4. Border less elevated.
5. Border not characteristic.
6. Heals usually from the edges.
7. Coarse scales.
8. Scales thicker at the centre.
9. Pruritus unbearable.
10. Lesions asymmetrical.

Tinea cruris is usually associated with eczema in the genital region.

Tinea Cruris.

1. Presence of parasites.
2. Communicable.
3. Severe itching.
4. Scaling especially at edges.
5. Edges elevated and festooned.
6. Tendency to heal at centre.
7. Border circular.
8. Disease spreads peripherally.

Erythema (Intertrigo).

1. Disease caused by heat, moisture, and chafing.
2. Not contagious.
3. Heat and tenderness.
4. No scaling, but sweating and exudation.
5. Edges not elevated.
6. Lesion unites at centre and in clefts between folds of skin.
7. Irregular border.
8. Lesion not a creeping one.

Tinea Favosa.—A vegetable parasitic disease caused by the *achorion Schoenleinii* usually affecting the scalp, characterized by the formation of sulphur-colored, cup-shaped crusts.

Synonyms.—Favus, crusted ringworm.

Tinea Favosa.

1. Parasitic achorion found by microscope.
2. Contagious.
3. Lesion has a characteristic odor.
4. Exudation yellowish and cup-shaped.
5. Hairs brittle, dry, and wire-like.
6. Eruption causes alopecia.
7. Disease may result in cicatrization.
8. Crusts dry and crumble.
9. Very chronic affection.

Pustular Eczema.

1. Non-parasitic disease.
2. Not communicable.
3. No peculiar odor.
4. Exudation purulent.
5. Hairs appear normal.
6. No loss of hair.
7. Eruption never ends in ulceration.
8. Crusts moist and sticky.
9. Acute course of disease.

Tinea Favosa.

1. Presence of parasites.
2. Communicable.
3. Exudation has peculiar mousy smell.
4. Crusts sulphur color.
5. Crusts cup-shaped.
6. Hairs easily extracted.
7. Hairs wire-like.
8. Crusts dry and crumble.
9. Lesion causes alopecia.

Impetigo (of Scalp).

1. Non-parasitic disease.
2. Not communicable.
3. Exudation very offensive odor.
4. Crusts brown.
5. Crusts never cup-shaped.
6. Hairs remain firm.
7. Hairs not affected.
8. Crusts moist.
9. No bald spots.

Tinea Versicolor.—A vegetable parasitic disease caused by the *microsporon furfur* attacking the trunk, and characterized by the formation of irregularly shaped, scaly, yellow patches.

Synonyms.—Pityriasis versicolor, liver spots, chromophytosis.

Tinea Vesicolor.

1. Microsporon found by microscope.
2. Contagious affection.
3. Lesion superficial.
4. Furfuraceous desquamation.
5. Eruption yellow in color.
6. Lesion surrounded by normal skin.

Vitiligo.

1. Pigmentary disorder.
2. Not communicable.
3. Deeper layers of skin affected.
4. No scaling.
5. Lesion has a white color.
6. Lesion bounded by pigmentation.

7. Usually confined to trunk.
8. Pruritus.

Tinea Versicolor.

1. Parasitic disease.
2. Contagious.
3. Occurs on the trunk.
4. Lesion spreads rapidly.
5. Accompanied with furfuraceous desquamation.
6. Numerous patches of eruption.
7. Pruritus.

Tinea Versicolor.

1. Parasitic disease.
2. History of contagion.
3. Patches distinct in outline.
4. Eruption scaly.
5. Occurs on the trunk.
6. Accompanied with itching.
7. Patches large.
8. Patches yellow, but not pigmented.

Tinea Versicolor.

1. Parasitic affection.
2. Contagious.
3. Patches yellow and irregular in outline.
4. Surface dry.
5. Scales furfuraceous and small.
6. Large patches of eruption.
7. Disease spreads rapidly.

Tinea Versicolor.**Tinea Versicolor.**

See Pityriasis Ruber, page 105.

7. Occurs on trunk and extremities.
8. Usually unaccompanied by itching.

Chloasma.

1. Pigmentary affection.
2. Not communicable.
3. Seen usually on face also.
4. Extends slowly.
5. No scaling.
6. Lesion, not very extensive.
7. Little or no itching.

Erythematous Syphilide.

1. Non-parasitic.
2. Syphilitic history.
3. Lesion indistinct in outline.
4. No scaling.
5. Eruption occurs also on extremities.
6. No pruritus.
7. Small patches of eruption.
8. Patches mottled and pigmented.

Seborrhœa.

1. Non-parasitic.
2. Not communicable.
3. Red and circular patches.
4. Surface greasy.
5. Scales larger and greasy.
6. Patches usually small.
7. Lesion extends slowly.

Pityriasis Ruber.**Erythematous Eczema.**

See Erythematous Eczema, page 100.

Animal Parasites.

Scabies.—An animal parasitic disease caused by the *acarus* or *sarcoptes scabiei*, characterized by multiple lesions and burrows, and accompanied by intense itching.

Synonym.—Itch.

Scabies.

1. Presence of parasites.
2. Very contagious.
3. Presence of burrows.
4. Vesicles, papules, and pustules discrete.
5. Eruption progressive.
6. Irregular dots on vesicles.
7. Itching intense, especially at night.
8. Lesions found especially between fingers, and about nipple, penis, and axilla.
9. Disease seldom affects the scalp.
10. Vesicles and pustules often very large.
11. Vesicles do not rupture spontaneously.

Scabies.

1. Sarcoptes found under microscope.
2. Parasite microscopical.
3. Hands, axilla, nipple, and penis affected.
4. Itching more intense at night.
5. Presence of burrows in skin.
6. Numerous vesicles and pustules.
7. Excoriations dot-like.
8. Lesions polymorphic.

Eczema (papulo-pustular).

1. Non-parasitic disease.
2. Not communicable.
3. No burrows.
4. Vesicles and pustules confluent.
5. Eruption sudden and not progressive.
6. Vesicles clear.
7. Pruritus less severe.
8. No special seat of election.
9. Scalp especially apt to be affected.
10. Individual lesions usually small.
11. Vesicles usually rupture.

Pediculosis Corporis.

1. Presence of the pediculi.
2. Seen with the naked eye.
3. Lesions most marked on shoulders and trunk.
4. Continual intense itching.
5. Reddish puncta, with areola.
6. Irregular pustules.
7. Long scratch marks and blood crusts.
8. Eruption less varied.

Scabies.

1. Presence of parasite.
2. Contagious.
3. Multiformity of lesion.
4. Fingers usually attacked.
5. Presence of burrows.
6. Itching severe.
7. Presence of pustules.
8. Small scabs on papules.
9. Inner surface of extremities affected.

Scabies.**Scabies.**

See Impetigo, page 97.

See Miliaria, page 38.

Prurigo.

1. Absence.
2. Not communicable.
3. Papular eruption.
4. Backs of hands, but not fingers.
5. Absence.
6. Itching terrible.
7. Pustules seldom present.
8. Scabs large and dark.
8. Outer surface especially attacked.

Impetigo Contagiosa.**Miliaria.**

Pediculosis.—An animal parasitic disease caused by the pediculi, characterized by excoriations and long scratch marks, especially seen about back and shoulders.

Synonyms.—Phtheiriasis, lousiness, morbus pedicularis.

Pediculosis Capitis.

1. Parasitic disease.
2. Communicable.
3. Nits found on the hairs.
4. Inflammation well marked.
5. Crusts thick.
6. Itching very intense.
7. Hairs matted together.
8. Lesions most marked on occipital and temporal regions.

Pediculosis.

1. Presence of pediculi.
2. Presence of long scratch marks.
3. Large and infrequent blood crusts.

Eczema (papulo-pustular).

1. Inflammatory affection.
2. Not contagious.
3. No ova or nits present.
4. Inflammatory signs less marked.
5. Less crusting.
6. Pruritus less severe.
7. Less exudation.
8. Lesions occur on any part of scalp.

Prurigo.

1. Non-parasitic disease.
2. Absence of long scratch marks.
3. Numerous small blood crusts.

- | | |
|---|-------------------------------------|
| 4. Lesions occur on body and back. | 4. Seen especially on extremities. |
| 5. Papules grouped. | 5. Lesions never grouped. |
| 6. On disappearance of parasite the eruption gets well. | 6. Eruption lasts for years. |
| 7. Papules red and surrounded by areola. | 7. Papules pale red or flesh color. |
| 8. Communicable. | 8. Not contagious. |
| 9. Pustules frequently present. | 9. Absence of pustules. |

Pediculosis.**Scabies.**

See Scabies, page 26.

DIFFERENTIAL DIAGNOSIS OF THE GLANDULAR
AFFECTIONS OF THE SKIN.

DIFFERENTIAL DIAGNOSIS OF THE GLANDULAR AFFECTIONS OF THE SKIN.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Seborrhoea	<div> { Syphilitic crusts. Squamous eczema. Psoriasis. Erythematous lupus. Tinea circinata. Tinea tonsurans. Tinea sycosis. Tinea versicolor. </div>
Comedo	Milium.
Miliaria	<div> { Dermatitis medicamentosa. Papular eczema. Vesicular eczema. Scabics. Sudamina. </div>
Acne molluscum	<div> { Chancre. Warts. Molluscum fibrosum. </div>
Acne simplex	<div> { Papulo-pustular eczema. Tinea sycosis. Papular syphilide. Sycosis. Variola. </div>

Acne rosacea	{ Lupus vulgaris. { Lupus erythematosus. { Eczema (erythematosus). { Tubercular syphilide.
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Sebaceous Glandular Affections.

Seborrhœa.—A disease of the sebaceous glands, characterized by an oily secretion forming crusts or scales.

Synonyms.—Acne sebacea, steatorrhœa, fluxus sebaceus, dan-druff, pityriasis.

Seborrhœa.

1. No history of contagion.
2. Greasy character of secretion.
3. Sebaceous follicles enlarged.
4. Lymphatic glands not enlarged.
5. Surrounding skin pale.
6. Scales abundant and form rapidly.
7. Skin under scales pale.
8. No secondary lesions.

Seborrhœa.

1. Eruption general.
2. Scales abundant and form rapidly.
3. Skin pale or pinkish under crusts.
4. Skin not thickened.
5. Eruption dry from the start.
6. Moderate pruritus.
7. Scales greasy.
8. Very chronic affection.

Seborrhœa.

1. Eruption diffuse.
2. Scales minute or caked.

Syphilitic Crusts.

1. Syphilitic history.
2. Purulent secretion under crusts.
3. Follicles not affected.
4. Enlarged lymphatic glands.
5. Edges of patches copper-colored.
6. Scales less abundant and form slowly.
7. Skin red and thick.
8. Mucous patches, etc., common.

Eczema (squamous).

1. Eruption localized in patches.
2. Scales usually scanty.
3. Skin red and inflamed.
4. Skin indurated.
5. Moisture present at some time
6. Itching severe.
7. Scales dry.
8. Disease runs a more acute course.

Psoriasis.

1. Eruption occurs in irregular patches.
2. Scales large and flat.

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|---------------------------------------|---|
| 3. Scales yellow and greasy. | 3. Scales dry and pearly. |
| 4. Skin pale or pinkish under scales. | 5. Skin red and inflamed. |
| 5. No induration. | 5. Skin indurated. |
| 6. Scales easily removed. | 6. Scales when detached often cause bleeding. |
| 7. Lesion often confined to scalp. | 7. Seat of election on elbows and knees. |

Seborrhœa.

1. Eruption diffuse.
2. Non-inflammatory in character.
3. Skin not thickened.
4. Scales greasy.
5. Patches white or pinkish.
6. Functional disorder.
7. Scales easily removed.
8. Lesion not usually confined to one portion of the body.
9. No cicatrization.

Erythematous Lupus.

1. Line of demarcation.
2. Inflammation well marked.
3. Well-marked induration.
4. Scales tenacious.
5. Color red or violaceous.
6. Constitutional disease.
7. Scales adherent.
8. Lesion usually confined to face.
9. Formation of cicatricial tissue.

Seborrhœa.**Tinea Circinata.**

See Tinea Circinata, page 18.

Seborrhœa.**Tinea Tonsurans.**

See Tinea Tonsurans, page 20.

Seborrhœa.**Tinea Sycosis.**

See Tinea Sycosis, page 22.

Seborrhœa.**Tinea Versicolor.**

See Tinea Versicolor, page 25.

Comedo.—A disease of the sebaceous glands, characterized by the formation of papules containing a black centre.

Synonyms.—Acne punctata, black heads, flesh worms, grubs.

Milium.—A disease of the sebaceous glands, characterized by the formation of small whitish bodies slightly raised above the skin.

Synonym.—Acne punctata albida.

Comedo.

1. Papules present characteristic black points in centre.
2. Ducts open into the glands.
3. Sebaceous matter can be squeezed out.
4. Usually accompanied by other skin lesions.

Milium.

1. Appear as little white bodies in the skin.
2. Present no opening in the skin.
3. Cannot without rupturing the skin.
4. Disease usually exists alone.

Acne.—An inflammatory disease of the sebaceous glands, characterized by the formation of papules, pustules, or tubercles, and occurring usually on the face or shoulders.

Synonym.—Acne simplex, acne vulgaris, acne juvenilis.

Acne.**Papulo-pustular Eczema.**

See Papulo-Pustular Eczema, page 101.

Acne.**Small-Pox.**

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|--|---|
| 1. History of acneiform eruptions. | 1. History of exposure to contagion. |
| 2. Seldom appears suddenly. | 2. Always appears suddenly. |
| 3. No prodromata. | 3. Well-marked prodromic stage. |
| 4. Begins as papules or pustules. | 4. Begin as macules or papules. |
| 5. No vesicular stage. | 5. Papules always become vesicles. |
| 6. No regularity in development of lesion. | 6. Lesion always passes through several stages. |
| 7. No umbilication of lesion. | 7. Vesicles umbilicated. |
| 8. Eruption seldom appears on extremities. | 8. Eruption well marked about wrists. |
| 9. Characteristic subjective sensations. | 9. Itching often severe. |

Acne.**Tinea Sycosis.**

See Tinea Sycosis, page 22.

Acne.**Papulo-pustular Syphilide.**

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|---|------------------------------------|
| 1. Disease of young adults. | 1. Disease of any age. |
| 2. Comes and goes within short periods. | 2. Does not disappear readily. |
| 3. Markedly inflammatory in character. | 3. No sign of active inflammation. |

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| 4. Often associated with gastric disorder. | 4. No gastric disturbance. |
| 5. No constitutional symptoms. | 5. Symptoms of constitutional syphilis. |
| 6. Eruption usually limited to face and shoulders. | 6. Eruption appears anywhere on the body. |
| 7. Eruption uniformly distributed. | 7. No uniformity of distribution. |
| 8. Usually occurs without other lesions. | 8. Other cutaneous lesions often present. |
| 9. Comedoes present. | 9. Mucous patches common. |

Acne.

1. Disease of young adults.
2. Appears and disappears rapidly.
3. Often accompanied by gastric disorder.
4. Eruption appears on forehead, shoulders, etc.
5. Hair follicles not affected.
6. But slight burning or itching.
7. No formation of crusts.
8. Lesion discrete.

Sycosis.

1. Disease of any age.
2. Eruption quite stationary.
3. No gastric disorder.
4. Eruption limited to hairy parts.
5. Hair-bulbs the seat of disease.
6. Severe burning and itching.
7. Crusts frequently present.
8. Usually confluent.

Acne Rosacea.—An inflammatory disease affecting usually the skin of the nose, characterized by the presence of acne and the dilatation of the blood-vessels.

Synonyms.—Gutta rosea, couperose.

Acne Rosacea.

1. Disease lasting for years.
2. Sebaceous glands involved.
3. Ulceration never takes place.
4. No formation of crusts.
5. Color bright-red or violaceous.
6. Both sides of nose uniformly affected.
7. Attacks usually elderly people.
8. Tubercles small and indistinct.

Tubercular Syphilide.

1. Disease of months' duration.
2. Glands not involved.
3. Ulceration common.
4. Formation of crusts.
5. Color dull-red or coppery.
6. Lesion usually unilateral.
7. Seen especially in young adults.
8. Tubercles large and pronounced.

9. Blood-vessels enlarged and conspicuous.
10. Skin uniformly affected.

Acne Rosacea.

1. Papules red, small, and not pronounced.
2. Both sides of nose uniformly involved.
3. No ulceration.
4. No formation of crusts.
5. No cicatricial tissue.
6. Lesion does not extend rapidly.
7. Blood-vessels much involved.
8. Presence of acne pustules.
9. Seldom seen in childhood.

Acne Rosacea.

1. Skin soft.
2. No scaling.
3. Blood-vessels enlarged.
4. Nose usually the seat of disease.
5. Presence of acne pustules.
6. Connective tissue hypertrophied.
7. Hypertrophy of sebaceous glands.
8. Area involved not extensive.

Acne Rosacea.

1. Limited to portions of the face.
2. Lesion cold to the touch.
3. Rarely occurs in childhood.
4. Blood-vessels prominent and dilated.
5. Lids rarely attacked
6. No itching.

9. Blood-vessels not affected.
10. Patches of healthy skin between the lesions.

Lupus Vulgaris.

1. Papules large, distinct, and yellow.
2. Unilateral affection.
3. Ulceration common.
4. Formation of crusts.
5. Production of cicatricial tissue.
6. Disease spreads rapidly.
7. No dilatation of blood-vessels.
8. Tubercles large and distinct.
9. History extends to childhood.

Lupus Erythematosus.

1. Skin harsh.
2. Lesion covered with yellow scales.
3. Blood-vessels not dilated.
4. Appears usually on cheeks first.
5. No papules or pustules.
6. No hypertrophy of connective tissue.
7. Sebaceous ducts open, with adherent scales attached.
8. Lesion covers larger areas.

Eczema (Erythematous).

1. Lesion of greater diffusion.
2. Affected skin hot.
3. Seen most frequently in children.
4. Vessels not affected.
5. Lids usually affected.
6. Itching intense.

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|------------------------------------|---|
| 7. Infiltration limited. | 7. Generalized infiltration. |
| 8. Presence of acne pustules, etc. | 8. Absence of tubercles, pustules, etc. |

Acne Molluscum.—A disease of the sebaceous glands (?) characterized by the formation of rounded wart-like elevations filled with matter and containing a central opening or depression.

Synonyms.—Molluscum sebaceum, molluscum contagiosum.

Acne Molluscum.

1. Opening or depression on follicle.
2. Disease of children.
3. Contagious.
4. Occurs usually on face, hands, or penis.
5. Tumors raised above the skin.
6. Contents may be squeezed out.
7. Lesions have a firm fibrous feel.
8. Tumors quite small.

Molluscum Fibrosum.

1. Tumors have no opening.
2. Disease of adults.
3. Not communicable.
4. Occurs usually on trunk.
5. Tumors imbedded in skin.
6. Can not.
7. Tumors feel soft and pillowy.
8. Tumors may grow to be of large size.

Acne Molluscum.

1. Occurs usually on hands and face.
2. Communicable.
3. Tumors have a depression or opening
4. Contents may be squeezed out.
5. Tumors smooth and round.
6. Tumor has a waxy appearance.
7. Tumor but moderately firm.

Warts.

1. Seldom occur on face.
2. Not contagious.
3. No opening in tumors.
4. Can not.
5. Rough, flattened, or irregular.
6. Darker and less waxy appearance.
7. Very firm and fibrous.

Acne Molluscum.

Chancre.

See Chancre, page 60.

Affections of the Sweat Glands.

Miliaria.—An acute affection of the sweat glands, characterized by the formation of small discrete vesicles or papules and accompanied by sensations of heat and pricking.

Synonyms.—Prickly heat, lichen tropicus, sudamina, lichen simplex.

Miliaria (papular).

1. Papules small, soft, and slightly elevated.
2. Lesions appear suddenly.
3. Caused usually by heat.
4. Continues for a few hours or days.
5. Disappears suddenly.
6. Accompanied by intense burning.
7. Preceded and accompanied by sweating.

Miliaria (vesicular) or Sudamina.

1. Advent sudden.
2. Preceded or accompanied by sweating.
3. Caused by heat.
4. Tingling and burning sensations.
5. Vesicles discrete and surrounded by areola.
6. Vesicles appear in crops.
7. Vesicles do not rupture.
8. Local disturbance slight.

Miliaria.

1. Usually appears on several portions of the body at one time.
2. Prickling and tingling severe.
3. Disappears suddenly.
4. Lasts but a few hours or days.
5. Caused by heat.
6. Not contagious.
7. Absence of burrows.
8. No special seat of election.
9. Lesion vesicular or papular.

Eczema (papular).

1. Papules larger, firmer, and more elevated.
2. Eruption appears gradually.
3. Causes not known.
4. Lasts for days or weeks.
5. Disappears slowly.
6. Severe itching.
7. Not associated with sweating.

Eczema (vesicular).

1. Begins slowly.
2. No sweating.
3. Causes not known.
4. Intense itching.
5. Vesicles confluent and the inflammation diffuse.
6. Vesicles run a definite and continued course.
7. Vesicles rupture.
8. Severe local symptoms.

Scabies.

1. Begins at one point and spreads from there.
2. Intense itching.
3. Disappears slowly and gradually.
4. Disease lasts for weeks or months.
5. Caused by an animal parasite.
6. Contagious.
7. Presence of burrows.
8. Lesion found on hands, nipple, penis, etc.
9. Multiformity of lesion.

Miliaria.

1. Eruption usually localized.
2. Asymmetrical.
3. Mild subjective symptoms.
4. Lesions consist of papules or vesicles.
5. History of undue exposure to heat.

Dermatitis Medicamentosa.

1. Eruption generalized.
2. Symmetrical.
3. Intense subjective sensations.
4. Lesions more pronounced and accompanied by erythema.
5. History of ingesta frequently.

DIFFERENTIAL DIAGNOSIS OF THE NEUROTIC
SKIN AFFECTIONS.

DIFFERENTIAL DIAGNOSIS OF THE NEUROTIC SKIN AFFECTIONS

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Herpes zoster	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Vesicular eczema. Herpes simplex. Erysipelas. Herpes iris. . </div> </div>
Pruritus	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Prurigo. Parasitic disease or pruritic skin lesions. </div> </div>

Herpes Zoster.—A neurotic skin affection characterized by the grouping of vesicles along a nerve course (usually an intercostal) and accompanied by neuralgic pains.

Synonyms.—Zoster, zona, shingles.

Herpes Zoster.

Eczema (vesicular).

- | | |
|--|---|
| 1. Neuralgic pains a premonitory symptom.
2. Vesicles appear in distinct groups.
3. Vesicles preserve their forms intact.
4. Vesicles large.
5. Vesicles do not rupture.
6. No crusting unless vesicles are ruptured. | 1. Begins with a slight burning or itching.
2. Vesicles seldom form distinct groups.
3. Vesicles run together.
4. Vesicles are small.
5. Vesicles rupture.
6. Formation of crusts, |
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| 7. Burning pain accompanies the eruption. | 7. Eruption accompanied by intense itching. |
| 8. Eruption follows a nerve course. | 8. No special course of lesion. |
| 9. Eruption limited to half the body. | 9. Eruption occurs on both sides. |

Herpes Zoster.

1. Redness not diffuse.
2. No line of demarcation.
3. Severe neuralgic pain.
4. Vesicles appear in distinct groups.
5. Vesicles follow a nerve course.
6. No severe constitutional disturbance.
7. Eruption limited to half of body.

Herpes Zoster.

1. Severe neuralgic pains.
2. Lesion usually occurs but once.
3. Usually appears on chest.
4. Several groups of vesicles.
5. Lesion unilateral.
6. Vesicles seldom rupture.

Herpes Zoster.

1. Severe neuralgic pains or burning.
2. Vesicles clustered or grouped irregularly.
3. Vesicles follow a nerve course.
4. Usually appears on trunk.
5. Disease begins as vesicles.
6. Vesicles form on a red base.

Erysipelas.

1. Intense and diffuse redness.
2. Redness limited by line of demarcation.
3. Burning and itching sensations.
4. No grouping of vesicles.
5. Eruption not limited to nerve course.
6. Severe constitutional symptoms.
7. Lesion not confined to one side.

Herpes Simplex.

1. Burning but no neuralgic pains.
2. Repeated attacks.
3. Commonly seen on face or genitals.
4. Usually but one group of vesicles.
5. Usually bilateral.
6. Vesicles rupture forming scabs.

Herpes Iris.

1. No pain or burning.
2. Vesicles arranged in rings.
3. No regular course of lesion.
4. Commonly seen on extremities.
5. Lesion begins as papules.
6. Base of various colors.

Pruritus.—A functional disease of the skin characterized by the sensation of itching and unaccompanied by any objective symptom or lesion.

Synonym.—Itching.

Pruritus.

1. Lesion secondary if present.
2. Blood crusts few if any.
3. No thickening of the skin.
4. No harshness of the skin.
5. Itching occurs anywhere, especially about trunk or genitals.
6. Itching inconstant.
7. Disease lasts for weeks.
8. Seen especially among rich and high livers.
9. Frequently a constitutional disorder.

Pruritus.

1. Constitutional disorder.
2. No thickening or harshness of skin.
3. No eruption frequently present.
4. Lesion secondary when present.
5. Itching inconstant.
6. Pruritus often of large areas.
7. Lesion usually not well marked.
8. Itching occurs anywhere.
9. Not parasitic or communicable.
10. Curing the lesion does not stop the itching.

Prurigo.

1. Presence of primary papules.
2. Numerous blood crusts.
3. Great thickening of the skin.
4. Skin harsh and dry
5. Itching intense on the extensor surface of extremities.
6. Itching intense and constant.
7. Disease lasts for years.
8. Occurs among the poor and ill fed.
9. Local disease.

Pruritic Skin Diseases.

1. Local disease.
2. Skin often thick and harsh.
3. Eruption always present.
4. Lesion primary, itching secondary.
5. Pruritus more constant.
6. Itching usually localized.
7. Lesion decided.
8. Usually seats of predilection.
9. Frequently contagious.
10. Disappearance of lesion stops the pruritus.

DIFFERENTIAL DIAGNOSIS OF THE CONTAGIOUS
INFLAMMATORY SKIN DISEASES.



DIFFERENTIAL DIAGNOSIS OF THE CONTAGIOUS INFLAMMATORY SKIN DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Measles	{ Scarlet-fever. Roseola. Rotheln. Small-pox. Erythematous syphilide.
Rotheln	{ Measles. Scarlet-fever Roseola. Erythematous syphilide.
Small-pox	{ Papulo-pustular syphilide. Varicella. Measles. Papulo-pustular eczema. Acne. Hydroa.
Scarlet-fever	{ Rotheln. Measles. Erythema simplex. Roseola. Erythematous eczema. Erysipelas.
Chicken-pox	{ Small-pox. Vesicular eczema. Impetigo contagiosum.

SYPHILIS.

Chancre	{	Epithelioma. Chancroid. Acne molluscum.
Erythematous syphilide	{	Erythematous eczema. Roseola. Measles. Tinea Versicolor. Urticaria. Dermatitis medicamentosa.
Papular syphilide	{	Psoriasis. Papular eczema. Keratosi pilaris. Lichen scrofulosis, Lichen ruber planus. Acne.
Squamous syphilide	{	Psoriasis. Squamous eczema. Seborrhœa.
Bullous syphilide		Pemphigus.
Pustular syphilide	{	Pustular eczema. Ecthyma. Acne. Impetigo. Small-pox. Sycosis.
Tubercular syphilide	{	Lupus vulgaris. Epithelioma. Leprosy. Acne rosacea. Psoriasis.

Gumous syphilide	{	Cancer of tongue. Erythema nodosum. Fatty tumors. Lymphatic glands. Lupus vulgaris. Epithelioma. Varicose ulcers. Abscesses.
Condylomata	{	Stomatitis. Venereal warts. Sycosis. Hemorrhoids (external)
Chancroid	{	Chancre. Herpes progenitalis.
Erysipelas	{	Scarlet-fever. Dermatitis. Erythematous eczema. Herpes zoster. Erythema simplex. Urticaria.

Measles.—An acute infectious disorder characterized by a general maculo-papular eruption tending to assume crescentic shapes, and accompanied by marked constitutional disturbance.

Synonyms.—Rubeola, morbilli.

Measles.

1. Eruption begins on the fourth day.
2. Appears first on the face.
3. Spreads slowly over body.
4. Moderate scaling.
5. Scales fine and bran-like.
6. Eruption maculo-papular.

Scarlet-Fever.

1. Eruption appears on second day.
2. Appears first on neck or chest.
3. Spreads rapidly.
4. Severe scaling.
5. Scales large.
6. Eruption punctated and erythematous.

7. Eruption assumes crescentic shapes.
8. Eruption dull-red color, etc.

Measles.

1. Eruption begins on the fourth day.
2. Appears first on face.
3. Spreads slowly.
4. Eruption lasts a week.
5. It assumes crescentic shapes.
6. Dull-red color.
7. But one attack.
8. Constitutional symptoms.

Measles.

1. Eruption appears on fourth day.
2. Appears first on the cheeks.
3. Crescentic character of eruption.
4. Eruption dull-red color.
5. Continuance of fever with eruption.
6. Eruption remains maculo-papular.
7. Itching moderate.
8. Constitutional symptoms catarrhal, etc.

Measles.

1. History of contagion.
2. Desquamation well marked.
3. Eruption assumes crescentic shapes.
4. Begins on the face.
5. Spreads slowly.
6. Lasts for a week or more.
7. Maculo-papular in character.
8. Dull-red color.

7. Eruption diffusc.

8. Scarlet color of eruption, etc.

Rotheln.

1. Eruption appears on second or third day.
2. Irregular in development.
3. Spreads rapidly.
4. Eruption lasts a few days.
5. Does not assume definite shapes.
6. Pale-rose color.
7. May be several attacks.
8. Very mild constitutional symptoms.

Small-Pox.

1. Eruption begins on third day.
2. Appears about edge of hair.
3. Does not assume crescentic shapes.
4. Lesions of bright-red color.
5. Subsidence of febrile action.
6. Becomes papular, then vesicular, etc.
7. Itching intense.
8. Cerebral, etc., etc.

Roseola.

1. Result of digestive disturbance, etc.
2. Little or no desquamation.
3. Does not assume definite shapes.
4. Irregular in development.
5. Spreads and develops rapidly.
6. Transitory eruption.
7. Lesions hyperæmic or papular.
8. Rose-colored eruption.

Measles.

1. History of contagion.
2. Premonitory symptoms well marked.
3. Disease of children.
4. Eruption begins on face.
5. Eruption assumes crescentic shapes.
6. Eruption fades in a week.
7. Desquamation without pigmentation.
8. Constitutional symptoms well marked.
9. Eruption active and inflammatory in character.

Erythematous Syphilide.

1. History of chancre.
2. Usually no premonitory symptoms.
3. Disease of adults.
4. Usually begins on trunk.
5. Assumes no special forms.
6. Lasts for three or four weeks.
7. No scaling, but slight pigmentation.
8. Usually slight fever, etc.
9. Lesion non-inflammatory.

Rotheln.—An acute infectious disorder, characterized by a general macular eruption, often resembling measles, but accompanied by slight constitutional symptoms.

Synonyms.—Epidemic roseola, German measles.

Rotheln.

1. Premonitory symptoms absent or slight.
2. Eruption irregular in development.
3. Desquamation slight or absent.
4. Eruption disappears in two or three days.
5. Eruption appears in red blotches.
6. Constitutional symptoms very slight.

Scarlet-Fever.

1. Begins as a severe constitutional disorder.
2. Eruption begins on neck and spreads rapidly.
3. Well-marked desquamation.
4. Eruption usually lasts a week.
5. Diffuse redness with punctated spots.
6. Severe constitutional symptoms.

Rotheln.

1. History of contagion.
2. Attacks usually young adults.
3. Eruption appears in red blotches.
4. Eruption lasts two or three days.

Roseola.

1. Not contagious.
2. Seen especially in infants.
3. Lesions appear as round, red spots.
4. Eruption very transitory.

5. Eruption well marked on extremities.
6. Slight constitutional disturbance.

Rotheln.

1. History of contagion.
2. Eruption very transitory.
3. No pigmentation.
4. Eruption well marked on extremities.
5. Constitutional symptoms principally catarrhal.
6. Often occurs first on the face.
7. Disease of children.
8. Lesion active and inflammatory.

Rotheln.

5. Eruption usually confined to trunk.
6. Digestive disorder.

Erythematous Syphilide.

1. History of chancre.
2. Eruption lasts for weeks.
3. Slight pigmentation.
4. Eruption best marked on trunk.
5. Usually absence of constitutional symptoms.
6. Seen first on trunk.
7. Disease of adults.
8. Lesion passive and non-inflammatory.

Measles.

See Measles, page 52.

Scarlet-Fever.—An acute infectious disorder, characterized by a diffuse scarlet eruption containing punctate spots, and accompanied by severe constitutional symptoms.

Synonym.—Scarlatina.

Scarlet-Fever.

1. Premonitory symptoms well marked.
2. Eruption begins on neck or chest.
3. Diffuse redness with punctated spots.
4. Eruption lasts about a week.
5. Well marked at bend of elbows and knees.
6. Eruption spreads regularly.
7. Desquamation extensive.
8. Constitutional symptoms well marked.

Erythema Simplex.

1. Eruption not preceded by constitutional symptoms.
2. Eruption begins on abdomen.
3. Appears in patches without punctate spots.
4. Lesion very transitory.
5. Most pronounced on abdomen and wrists.
6. Eruption extends irregularly.
7. Desquamation slight if any.
8. Slight constitutional symptoms.

Scarlet-Fever.

1. History of contagion.
2. Premonitory symptoms severe.
3. Diffuse redness with punctated spots.
4. Desquamation extensive.
5. Eruption lasts for nearly a week.
6. Begins on neck and spreads regularly.
7. Constitutional symptoms severe.
8. Spreads regularly.

Scarlet-Fever.

1. History of contagion.
2. Eruption spreads over body.
3. Skin not thickened or infiltrated.
4. Diffuse redness with punctated spots.
5. Redness fades off gradually.
6. Eruption has a light scarlet color.
7. Lesion has a slightly rough feel.

Scarlet-Fever.

See Measles, page 51.

Scarlet-Fever.

See Rotheln, page 53.

Scarlet-Fever.

See Eczema, page 99.

Roseola.

1. Disease not communicable.
2. Usually begins with digestive disorder.
3. Rose-colored spots or patches.
4. Desquamation slight if any.
5. Eruption transitory.
6. Begins on extremities or body.
7. Slight constitutional disturbances.
8. Eruption spreads irregularly.

Erysipelas.

1. History of injury or blood poisoning.
2. Eruption limited in extent.
3. Skin is infiltrated.
4. Diffuse redness with blebs.
5. Well-marked line of demarcation.
6. Eruption has shining and glazed appearance.
7. Lesion perfectly smooth to touch.

Measles.

Rotheln.

Erythematous Eczema.

Small-Pox.—An acute, infectious disorder, characterized by the formation of macules, which develop successively into papules, vesicles, and pustules, leaving scars and accompanied by severe constitutional symptoms.

Synonym.—Variola.

Small-Pox.

1. History of contagion.
2. Premonitory symptoms.
3. Temperature falls with beginning of the eruption.
4. Eruption begins as macules.
5. Eruption deep-seated.
6. Base of lesion deeply infiltrated.
7. Eruption passes regularly through several stages.
8. Eruption appears regularly upon trunk.
9. Vesicles umbilicated.
10. Vesicles become pustules in about three days.

Small-Pox.

1. Eruption begins on forehead.
2. Eruption begins on third day of disease.
3. Begins as macules or papules.
4. Passes regularly through several stages.
5. But one crop of eruption.
6. Lesions surrounded by a red area.
7. Vesicles become umbilicated.
8. Eruption appears largely upon face.
9. Deep scabbing with pitting.
10. Vesicles round.

Small-Pox.

1. History of contagion.
2. Premonitory symptoms well marked.
3. Lesions pass regularly through several stages.

Hydroa.

1. Not communicable.
2. No premonitory symptoms.
3. Temperature highest at appearance of eruption.
4. Eruption begins as vesicles.
5. Eruption superficial.
6. But slightly infiltrated base.
7. Lesions remain vesicular or vesiculo-pustular.
8. Seldom seen on trunk.
9. But few umbilicated vesicles.
10. Vesicles may become sero-pustular in one day, but never true pustules.

Chicken-Pox.

1. Eruption begins on body.
2. Usually no premonitory symptoms.
3. Begins as vesicles.
4. Lesions remain vesicular.
5. Appear in crops.
6. Little or no redness about vesicles.
7. Vesicles rarely umbilicated.
8. But few lesions appear on face.
9. Superficial scabbing without pits.
10. Vesicles oblong.

Papulo-Pustular Syphilide.

1. History of syphilis.
2. No acute constitutional symptoms.
3. Lesion papular or pustular from first.

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| 4. Constitutional symptoms severe and acute. | 4. Presence of secondary or tertiary lesions. |
| 5. Vesicles always present and umbilicated. | 5. Absence of umbilicated vesicles. |
| 6. Eruption appears on mucous membranes. | 6. Mucous patches usually present. |
| 7. Eruption discrete or confluent. | 7. Eruption appears in groups. |
| 8. Itching intense. | 8. Pruritus usually moderate. |
| 9. Eruption active and markedly inflammatory, and deep-seated. | 9. Eruption passive and relatively chronic and superficial. |
| 10. Scabbing and pitting. | 10. Scabbing without pitting. |
| 11. Lesion red and surrounded by areola. | 11. Coppery-colored eruption without areola. |

Small-Pox.

1. History of contagion.
2. Premonitory symptoms well marked.
3. Lesions pass regularly through several stages.
4. Severe constitutional symptoms.
5. Eruption extends over whole body.
6. Vesicles umbilicated.
7. Vesicles do not rupture.
8. Vesicles become true pustules.
9. Inflammation deep-seated.
10. Eruption discrete or confluent.
11. Scabbing and pitting.
12. Scabs usually discrete.

Small-Pox.

Small-Pox.

See Acne, page 34.

See Measles, page 52.

Chicken-Pox.—An acute infectious disorder, characterized by an eruption of vesicles and accompanied by mild constitutional symptoms.

Synonym.—Varicella.

Papulo-Pustular Eczema.

1. Not communicable.
2. No premonitory symptoms.
3. Lesions begin as papules, vesicles, or pustules.
4. Slight constitutional disturbance.
5. Usually limited to certain areas.
6. Vesicles not umbilicated.
7. Vesicles apt to rupture.
8. Vesicles become sero-pustular.
9. Superficial inflammation.
10. Eruption appears in groups.
11. Crusting without pitting.
12. Confluent crusting common.

Acne.

Measles.

Chicken-Pox.

1. History of contagion.
2. Seldom seen extensively on face.
3. Lesions discrete.
4. Vesicles do not rupture.
5. Vesicles oblong.
6. Moderate scabbing.
7. Eruption extends over body.
8. Skin not infiltrated or much inflamed
9. Eruption lasts a few days.

Chicken-Pox.

1. Eruption usually begins on back.
2. But few lesions appear on face.
3. Vesicles small and oblong.
4. Vesicles numerous.
5. Moderate scabbing.
6. Crusts superficial and brownish.
7. Lesions discrete and not grouped.

Chicken-Pox.

See Small-Pox, page 56.

Syphilis.—A chronic infectious disorder acquired by hereditancy or inoculation, and characterized by a variety of skin and neoplastic lesions which may attack any portion of the body, and accompanied by general loss of health.

Synonym.—Bad disease, bad disorder.

Chancre.—The initial lesion of syphilis, characterized by a sclerosed condition of the skin or mucous membrane at the point of inoculation, and accompanied by adenopathy.

Synonym.—Pox, hard sore.

Vesicular Eczema.

1. Not communicable.
2. Very apt to appear on face.
3. Lesions tend to group and become confluent.
4. Vesicles rupture.
5. Vesicles round.
6. Extensive crusting.
7. Eruption usually limited in extent.
8. Skin infiltrated, red, and weeping.
9. Lasts longer with tendency to recur.

Impetigo Contagiosum.

1. Eruption begins on hands or face.
2. Often limited to face.
3. Vesicles large and round.
4. Eruption not extensive.
5. Well-marked scabbing.
6. Crusts adherent and yellow.
7. Lesions clustered and often coalescing from patches.

Small-Pox.

Chancre.

1. Incubation about twenty - one days.
2. Derived from chancre or secreting secondary lesion.
3. Usually single.
4. Non auto-inoculable.
5. Begins as an erosion or papule.
6. Ulceration superficial with sloping edges and regular outline.
7. Rarely painful.
8. Marked gristly induration.
9. Enlarged lymphatic glands without suppuration or pain.
10. Mild local symptoms.
11. Smooth, glossy, ham-colored base, with little pus.
12. Followed by secondary lesions.

Chancre.

1. History of infection.
2. Disease of youth or middle life.
3. Begins as an erosion or papule.
4. Little or no pain.
5. Of short duration.
6. Presence of secondary lesions.
7. Glands enlarged but not painful.
8. Induration limited to floor of ulcer.
9. Secretion scanty and viscid.
10. Internal treatment curative.

Chancroid.

1. No period of incubation.
2. Derived from chancroid or chancroidal bubo.
3. Usually multiple and confluent.
4. Auto-inoculable.
5. Begins as a vesico-pustule.
6. Ulceration deep, edges perpendicular, ragged and sharply defined.
7. Painful.
8. Some inflammatory hardness, but no induration.
9. Painfully enlarged glands frequently suppurating.
10. Local symptoms severe.
11. Worm - eaten appearance and bathed in pus.
12. No secondary lesions.

Epithelioma.

1. History of heredity or local irritation.
2. Disease of past middle life.
3. Begins as an ulcer or warty growth.
4. Lancing pain.
5. Disease lasts for months.
6. No secondary eruptions.
7. Glands enlarged, painful and inflamed.
8. Induration of adjacent structures.
9. Secretion more abundant, bloody and purulent.
10. Treatment surgical only.

Chancre.

1. Usually single.
2. Occurs only on one part of the body.
3. Usually accompanied by ulceration.
4. Papule round or flat.
5. No fluid contents.
6. Usually situated on mucous membrane.
7. Accompanied by enlarged glands.
8. Followed by secondary lesions.
9. Lesion dark-red color.

Erythematous Syphilide.

1. History of chancre.
2. Disease of adults.
3. Eruption dark-red color.
4. Lesions appear as large irregular blotches.
5. Lasts for three or four weeks.
6. Not inflammatory in character.
7. Presence of enlarged glands and other secondary lesions.
8. Eruption may be limited to trunk.
9. Eruption leaves slight pigmentation.

Erythematous Syphilide.

1. History of chancre.
2. Eruption appears gradually.

Acne Molluscum.

1. Usually multiple.
2. Occurs in several places at the same time.
3. No destruction of tissue.
4. Lesion umbilicated with central opening.
5. Contents fluid and can be squeezed out.
6. Occurs on the skin.
7. No glandular enlargement.
8. No complicating symptoms.
9. Has a waxy appearance.

Roseola.

1. Usually accompanies digestive disorders.
2. Usually attacks children.
3. Eruption has a pinkish color.
4. Occur as small papules or patches.
5. Eruption transitory.
6. Inflammatory and accompanied by itching.
7. No secondary lesions.
8. Eruption appears regularly on extremities.
9. No pigmentation.

Erythematous Eczema.

See Erythematous Eczema, page 99.

Erythematous Syphilide.**Urticaria.**

1. Usually caused by indigestion.
2. Eruption appears suddenly.

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| 3. Eruption not inflammatory. | 3. Inflammatory in character. |
| 4. Lasts for nearly a month. | 4. Very transitory. |
| 5. Leaves slight pigmentation. | 5. No pigmentation. |
| 6. Usually confined to trunk. | 6. Appears largely on extremities. |
| 7. Lesions irregular in shape and not elevated. | 7. Lesion mostly circular and raised in wheals. |
| 8. Little or no pruritus. | 8. Itching and burning severe. |

Erythematous Syphilide.

Dermatitis Medicamentosa.

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| 1. Syphilitic history. | 1. Caused by medication. |
| 2. Eruption non-inflammatory in character. | 2. Acute character of eruption. |
| 3. No itching. | 3. Itching usually intense. |
| 4. Eruption lasts for weeks. | 4. Lasts for a few days. |
| 5. Lesions large. | 5. Lesions usually small. |
| 6. Some pigmentation. | 6. No pigmentation. |
| 7. Eruption appears principally on trunk. | 7. Eruption largely upon face and extremities. |
| 8. Presence of secondary lesions common. | 8. Usually some digestive disorder. |

Erythematous Syphilide.

Measles.

See Measles, page 53.

Erythematous Syphilide.

Tinea Versicolor.

See Tinea Versicolor, page 25.

Papular Syphilide.

Synonym.—Syphilitic lichen.

Papular Syphilide.

Psoriasis.

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| 1. History of syphilis. | 1. Recurrent attacks of psoriasis. |
| 2. Presence of secondary lesions. | 2. Absence of other symptoms. |
| 3. Syphilitic patches asymmetrical. | 3. Patches very symmetrical. |
| 4. Slight scaling. | 4. Severe scaling. |
| 5. Eruption localized. | 5. Eruption usually more generalized. |
| 6. Eruption dark-red or coppery color. | 6. Eruption brighter red or pinkish. |

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| <ul style="list-style-type: none"> 7. Papules elevated, especially at edges. 8. No predisposition to attack certain portions of body exclusively. 9. But few subjective sensations. 10. Lesions show but slight tendency to group and lose their individuality. | <ul style="list-style-type: none"> 7. Papules less elevated. 8. Special seat of election on the extensor surfaces. 9. Itching usually severe. 10. Greater tendency to group and form distinct patches. |
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Papular Syphilide.

- 1. History of syphilis.
- 2. Eruption extensive.
- 3. Eruption deep-seated.
- 4. Eruption dry from the first.
- 5. Little or no itching.
- 6. Lesions have a firm shotty feel.
- 7. Distinctly papular.
- 8. Lesions chronic and passive.
- 9. Lesions usually discrete.

Papular Syphilide.

- 1. History of syphilis.
- 2. Presence of secondary lesions.
- 3. Eruption tends to group.
- 4. Lesions deep-seated.
- 5. Not limited to hair follicles.
- 6. Desquamation slight if any.
- 7. Skin but slightly roughened.
- 8. Hairs normal.
- 9. Eruption frequently present on palms and soles.
- 10. Lesions have a hard shotty feel.
- 11. Occurs on any portion of body, especially shoulders and back.

Papular Syphilide.

- 1. History of syphilis.
- 2. Presence of secondary lesions.

Papular Eczema.

- 1. History of eczema.
- 2. Eruption usually limited in area.
- 3. Superficial eruption.
- 4. Eruption usually moist at one time.
- 5. Severe itching.
- 6. Lesion less distinct.
- 7. Vesicles usually associated with papules.
- 8. Lesions more acute and active.
- 9. Lesions tend to group and unite.

Keratosis Pilaris.

- 1. History negative.
- 2. No secondary lesions.
- 3. Eruption diffuse.
- 4. Eruption superficial.
- 5. Limited to hair follicles.
- 6. Scaling.
- 7. Skin feels like nutmeg grater.
- 8. Hairs frequently broken.
- 9. Never occurs on palms or soles.
- 10. Lesion less indurated.
- 11. Attacks extensor surfaces of extremities most frequently.

Lichen Scrofulosis.

- 1. Scrofulous history.
- 2. Presence of large cheesy glands.

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| 3. Papules dark-red or coppery color. | 3. Papules yellow or pale. |
| 4. Lesions not limited to hair follicles. | 4. Lesions limited about hair follicles. |
| 5. Eruption occurs on trunk and extremities. | 5. Eruption seldom seen except on trunk. |
| 6. Frequently seen on palms and soles. | 6. Never appears on palms or soles. |
| 7. Desquamation slight if any. | 7. Scaling always present. |
| 8. Eruption extensive. | 8. Eruption limited to crescentic patches. |
| 9. Lasts for weeks. | 9. Eruption lasts for months. |

Papular Syphilide.

1. History of syphilis.
2. Papules round.
3. Summit of papules round.
4. Lesions not symmetrical.
5. Papules not umbilicated.
6. No pruritus.
7. Eruption lasts for weeks.
8. Annular grouping of lesion.
9. Presence of secondary lesions.

Papular Syphilide.**Lichen Ruber Planus.**

1. Negative history.
2. Lesions irregular and angular.
3. Summit of lesions flat.
4. Some symmetry of lesions.
5. Frequent umbilication.
6. Itching.
7. Lasts for months.
8. Eruption forms bands.
9. No secondary lesions.

Acne.

See Acne, page 34.

Squamous Syphilide.

Synonym.—Syphilitic psoriasis.

Squamous Syphilide.

1. History of syphilis.
2. Presence of secondary lesions.
3. No tendency to symmetry.
4. Eruption not usually extensive.
5. Scales scanty and transparent or gray.
6. Eruption usually limited in area.
7. Knees and elbows rarely affected.
8. Eruption ham-colored.

Psoriasis.

1. Negative history.
2. No secondary lesions.
3. Symmetry of lesion.
4. Eruption very extensive.
5. Scales abundant and pearly white.
6. Covers most of body.
7. Knees and elbows generally attacked.
8. Lesions of bright-red color.

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| 9. Skin markedly infiltrated. | 9. Infiltration less marked. |
| 10. Products of inflammation cellular. | 10. Infiltration simply inflammatory. |
| 11. Edges of patches raised. | 1. Edges not raised after removing scales. |
| 12. Scales adherent. | 12. Scales loose. |
| 13. Patches do not bleed easily. | 13. Patches bleed when irritated or rubbed. |
| 14. Slight itching. | 14. Severe itching. |
| 15. Patches have a tendency to ulcerate. | 15. No ulcerative tendency. |

Squamous Syphilide.

1. History of syphilis.
2. Eruption deep-seated.
3. Slight itching.
4. No discharge.
5. Eruption ham-colored.
6. Scales scanty and thin.
7. Infiltration of skin marked and cellular.
8. Margins elevated and well defined.
9. Tendency to heal at centre.
10. Lesions passive and but slightly inflamed.
11. Presence of secondary lesions.
12. Tendency to occur with circular outlines.

Squamous Syphilide.*See Seborrhœa, page 32.***Bullous Syphilide.***Synonym.*—Pemphigus syphilide.**Bullous Syphilide.**

1. History of syphilis.
2. Blebs dry in thick greenish crusts.

Squamous Eczema.

1. History of eczema.
2. Eruption superficial.
3. Intense itching.
4. Eruption moist at times.
5. Red color of eruption.
6. Scales abundant and thick.
7. Infiltration less marked and inflamed.
8. Margins indistinct and not abruptly elevated.
9. Heals first at edges.
10. Lesions active and inflammatory.
11. No secondary lesions except large painful glands in neighborhood of eruption.
12. Eruption has irregular outline.

Seborrhœa.**Pemphigus.**

1. Negative history.
2. Blebs dry in whitish scales.

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| 3. Ulceration under crust. | 3. No formation of ulcers. |
| 4. Blebs secrete a bloody greenish matter. | 4. Slight serous or sero-purulent secretion. |
| 5. Surrounded by inflamed areola. | 5. No inflammation about blebs. |
| 6. Eruption lasts for weeks. | 6. Individual blebs last but a few days. |
| 7. Appears frequently on palms and soles. | 7. Seldom occurs on palms. |
| 8. Blebs rupture spontaneously. | 8. Seldom rupture without injury. |
| 9. Presence of secondary lesions. | 9. No secondary lesions. |

Pustular Syphilide.

Synonyms.—Syphilitic impetigo, syphilitic ecthyma.

Pustular Syphilide.

1. History of syphilis.
2. Itching usually moderate.
3. Odor very disagreeable.
4. Ulceration under crusts.
5. Lesions leave scars.
6. Lesions discrete or form in small irregular patches, with circular outline.
7. Scales prominent and often in form of rupia.
8. Pustules usually occur alone.
9. Lesions develop slowly and last long.
10. Crusts dry.
11. Scales adherent.
12. Presence of secondary lesions.

Pustular Syphilide.

1. History of syphilis.
2. Lesions develop slowly.
3. Last for a long time.
4. Eruption passive and painless.

Pustular Eczema.

1. History of eczema.
2. Intense itching.
3. No bad odor.
4. No ulceration.
5. No scarring, as lesion is superficial.
6. Eruption usually confluent in large patches.
7. Scales less prominent and never stratified.
8. Vesicles present at some stage.
9. Eruption develops rapidly and disappears sooner.
10. Crusts moist.
11. Scales less adherent.
12. Absence of secondary lesions.

Ecthyma.

1. History of general debility.
2. Develop rapidly.
3. Terminates in a few weeks.
4. Eruption active and accompanied by pain, burning, etc.

5. Ulceration well marked.
6. Crusts greenish and bulky.
7. Formation of rupia.
8. Secretion of greenish matter.
9. Scabs adherent.
10. Presence of secondary lesions.

Pustular Syphilide.

1. History of syphilis.
2. Pustules inclined to rupture.
3. Occurs in small irregular patches with circular outline.
4. Crusts thick and greenish.
5. Ulceration under scabs.
6. Formation of scars and pigmentation.
7. Eruption develops and disappears slowly.
8. Cellular infiltration well marked.
9. Presence of secondary symptoms.

Pustular Syphilide.

1. History of syphilis.
2. Eruption lasts for weeks.
3. Seldom limited to face.
4. Never limited to hair follicles.
5. Hair bulbs not affected.
6. Ulceration common.
7. Crusts characteristic.
8. Little or no pruritus.
9. Secondary lesions present.

Pustular Syphilide.

Pustular Syphilide.

See Acne, page 34.

See Small-Pox, page 56.

5. Ulceration superficial.
6. Crusts brownish and less bulky.
7. Crusts do not form in layers.
8. Secretion red or yellowish.
9. Scabs not adherent.
10. No secondary lesions.

Impetigo.

1. Negative history.
2. Pustules do not rupture.
3. Eruption always discrete, and does not occur in patches.
4. Crusts brownish and less bulky.
5. No ulceration.
6. No scarring or pigmentation.
7. Develops rapidly and speedily disappears.
8. No infiltration about pustules.
9. Absence of secondary lesions.

Sycosis.

1. History negative or of contagion.
2. Disease lasts for months.
3. Occurs only on the face.
4. Disease of the hair follicles and bulbs.
5. Hairs deformed and bulbs diseased.
6. No ulceration.
7. Crusts not characteristic.
8. Severe itching and burning.
9. Absence of secondary symptoms.

Acne.

Small-Pox.

Tubercular Syphilide.

Synonym.—Syphilitic lupus.

Tubercular Syphilide.

See Papulo-Squamous Syphilide, pages 61 and 63.

Tubercular Syphilide.

1. History of syphilis.
2. Begins usually in adults.
3. Tubercles firm and deep-seated.
4. Heals at centre and spreads by periphery.
5. Months in developing.
6. Deep and extensive ulceration.
7. Points of ulceration distinct.
8. Border of lesion sharp and distinct.
9. Secretion fetid, copious, and greenish.
10. Cicatrix soft and white.
11. Presence of other secondary or tertiary lesions.
12. Internal treatment curative.

Tubercular Syphilide.

1. History of syphilis.
2. Develops rapidly (weeks).
3. Several points of ulceration.
4. Secretion abundant and yellowish.
5. No infiltration of surrounding structures.
6. No pain.
7. Tubercular deposit usually multiple.
8. Heals at centre and spreads by periphery.

Psoriasis.

Lupus Vulgaris.

1. Cause unknown.
2. Begins in childhood.
3. Tubercles superficial and less hard.
4. Ulceration at centre and spreads irregularly.
5. Years in developing.
6. Superficial and confined ulceration.
7. Points of ulceration unite.
8. Border indistinct and irregular.
9. Secretion sweet, scanty, and bloody.
10. Cicatrix yellow and hard.
11. General health remains good.
12. Medical treatment no avail.

Epithelioma.

1. Of heredity or local irritation.
2. Usually months in forming.
3. One point of ulceration.
4. Secretion scanty, bloody, and viscid.
5. Surrounding structures infiltrated.
6. Lancinating pains.
7. Single deposit of cancer at first.
8. Ulceration most marked in centre.

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| 9. Presence of other syphilitic lesions. | 9. Absence of syphilitic lesions. |
| 10. Internal treatment curative. | 10. Treatment entirely surgical. |

Tubercular Syphilide.

1. History of syphilis.
2. Tubercles the size of a pea.
3. Patches assume regular shapes.
4. Expression of face normal.
5. Develops rapidly (weeks).
6. Pigmentation dark red or coppery.
7. Crusts yellowish and bulky.
8. Patches of eruption small.
9. Secondary and tertiary lesions of syphilis usually present.
10. Internal treatment curative.

Tubercular Syphilide.**Leprosy.**

1. History of heredity or acquired leprosy.
2. Tubercles large.
3. Irregular patches of eruption.
4. Features deformed, due to cellular infiltration.
5. Disease years in developing.
6. Brownish pigmentation.
7. Crusts black and superficial.
8. Large distribution of disease.
9. Presence of hyperæsthetic and anæsthetic symptoms.
10. Treatment has little effect.

Acne Rosacea.

See Acne Rosacea, page 35.

Gummy Syphilide.

Synonym.—Syphiloma, gummata.

Gummy Syphilide.

1. History of syphilis.
2. Presence of other tertiary symptoms.
3. Usually occurs singly below the knee.
4. Seen most commonly below the knees.
5. Break down without much pain.
6. Discharge gummy and characteristic.
7. Surrounding integument pigmented, purplish and thin.

Tumors, Enlarged Glands, etc.

1. Negative history.
2. Absence of syphilitic lesions.
3. Frequently multiple.
4. No preference for lower extremities.
5. Destructive process very painful.
6. Purulent discharge.
7. Skin thickened and inflamed.

8. Scars typical, bleaching from centre.
9. Internal treatment curative.

Gummy Syphilide.

1. History of syphilis.
2. Attacks adults.
3. Seldom appears on face.
4. Begins beneath the skin.
5. Skin not at first affected.
6. Develops rapidly (weeks).
7. Secretion gummy and characteristic.
8. Deep and ragged ulceration.
9. Cicatrix soft and pigmented.
10. Presence of other tertiary lesions.

Gummy Syphilide.

1. History of syphilis.
2. May be multiple lesions.
3. Seldom appears on face.
4. Begins beneath the skin.
5. Develops rapidly (weeks).
6. Deep ulceration from the first.
7. Cicatrix soft, pigmented, and healthy.
8. Secretion gummy and characteristic.
9. Tumors break down before skin ulceration.

Gummy Syphilide.

1. History of syphilis.
2. Begins as a firm tumor under the skin.
3. Tumor breaks down before skin ulcerates.

8. Scars cicatricial and deforming.
9. Treatment not specific.

Lupus Vulgaris.

1. Cause unknown.
2. Begins in children.
3. Usually occurs on face.
4. Begins in the skin.
5. Skin affected from the first.
6. Disease develops very slowly.
7. Secretion bloody and scanty.
8. Superficial ulceration.
9. Cicatrix hard and yellow
10. General health good.

Epithelioma.

1. History of heredity or local irritation.
2. Usually single.
3. Common seat on face.
4. Begins in the skin.
5. Develops slowly.
6. Ulceration at first superficial.
7. Cicatrix hard and ulcerates easily.
8. Secretion scanty, purulent, and bloody.
9. Ulceration begins in the skin.

Ulcers, Varicose, etc.

1. History of injury, varicose veins, etc.
2. Begins as a hyperæmia of the skin.
3. Ulcerating begins in skin.

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| 4. Deep ulceration. | 4. Ulceration superficial at first. |
| 5. Edges sharply defined. | 5. Irregular edges to ulcer. |
| 6. Ulcer has pinched-out appearance. | 6. Ulcer has a ragged appearance. |
| 7. Skin surrounding pigmented and thin. | 7. Surrounding skin inflamed and thickened. |
| 8. Accompanied by little pain. | 8. Usually attended with pain. |
| 9. Secretion gummy and characteristic. | 9. Secretion purulent. |
| 10. Scars typical, limited, and bleaching from centre. | 10. Scars white, extensive, and hard. |

Gummy Syphilide.

1. History of syphilis.
2. Begins as painless tumors under skin.
3. No tenderness on pressure.
4. Develops slowly (weeks).
5. Skin not at first inflamed.
6. Nearly painless ulceration of skin.
7. Secretion gummy and characteristic.
8. Surrounding skin thin, pigmented, and purplish.
9. Inflammatory symptoms subacute.

Ulcerative Gumma of Tongue.

1. History of syphilis.
2. May occur at any age, usually early.
3. Begins as internal nodule.
4. Lesion sometimes multiple and bilateral.
5. Always affects upper surface of tongue.

Furuncle or Abscess.

1. History of injury, ill-health, etc.
2. Begins as a painful inflammation in skin and cellular tissue.
3. Very painful on pressure.
4. Develops rapidly (days).
5. Skin usually hyperæmic from first.
6. Severe pain accompanies ulceration.
7. Secretion purulent and greenish.
8. Subjacent tissue inflamed and infiltrated.
9. Acute inflammatory symptoms.

Cancerous Ulcer of Tongue.

1. History of hereditary cancer or local irritation.
2. Occurs usually between fifty and seventy.
3. Begins as a lingual psoriasis, an external tumor, or superficial nodule.
4. Single and unilateral.
5. May affect edges or under surface,

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| 6. Secretion scanty and not ichorous. | 6. Secretion abundant, fetid, and ichorous. |
| 7. No severe lancinating pain. | 7. Pain severe and lancinating. |
| 8. Tongue not immobilized. | 8. Motion of tongue impaired. |
| 9. Functional disturbance slight. | 9. Great loss of its proper function. |
| 10. Ulcer does not bleed easily. | 10. Ulcers bleed easily when touched. |
| 11. Slight induration of base. | 11. Great induration about base. |
| 12. Ganglia intact. | 12. Ganglia greatly swollen and inflamed. |
| 13. Medical treatment curative. | 13. Internal treatment of no avail. |

Gummy Syphilide.

Erythema Nodosum.

See Erythema Nodosum, page 86.

Condylomata.

Synonyms.—Vegetating syphilis, mucous patches.

Condylomata.

Venereal Warts.

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| 1. History of chancre. | 1. Result of uncleanness. |
| 2. Papules flat and broad. | 2. Papules elevated, narrow, or club-shaped. |
| 3. Uniform structure. | 3. Irregular in structure and outline. |
| 4. Thick mucous secretion. | 4. No secretion. |
| 5. Contagious. | 5. Not communicable. |
| 6. Papules smooth and regular. | 6. Irregular, with cauliflower appearance. |
| 7. Dark-red color. | 7. Bright-red color. |
| 8. Moderate blood supply. | 8. Very vascular. |
| 9. Surrounding integument thickened and perspiring. | 9. Skin adjacent normal in appearance. |
| 10. Secondary skin eruptions common. | 10. No secondary lesions. |

Condylomata.

Hemorrhoids.

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| 1. History of chancre. | 1. History of sedentary habits, liver disease, etc. |
| 2. Papules flat and slightly elevated. | 2. Tumors round, elevated, and pendulous. |
| 3. Have velvety or warty appearance. | 3. Covered by normal or thickened skin. |

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| 4. Secrete a thick mucus. | 4. No secretion. |
| 5. Secretion contagious. | 5. Not communicable. |
| 6. Surrounding skin red and perspiring. | 6. Adjacent skin normal. |
| 7. Usually associated with skin lesions. | 7. Not associated with other lesions. |
| 8. Odor offensive and characteristic. | 8. No odor. |

Condylomata.**Tinea Sycosis.**

See Sycosis, page 21.

Chancroid.—A virulent local contagious ulcer, usually located on the genitals, and frequently accompanied by bubo.

Synonyms.—Soft chancre, non-infecting or simple chancre.

Chancroid.**Herpes Simplex (Progenitalis).**

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| 1. Usually begins as ulcers. | 1. Always begins as vesicles. |
| 2. Ulcers do not group. | 2. Appear in groups. |
| 3. Single, or few in number. | 3. Always multiple. |
| 4. Lesions quite deep. | 4. Lesions very superficial. |
| 5. Last for over a week. | 5. Last but a few days. |
| 6. Lymphatic glands enlarged and inflamed. | 6. Glands not enlarged. |
| 7. Not prone to repeated attacks. | 7. Repeated attacks. |
| 8. Caused by impure intercourse. | 8. Cause not known. |
| 9. No premonitory symptoms. | 9. Preceded by pruritus or burning. |
| 10. Ulceration well marked. | 10. Ulceration absent or slight. |

Chancroid:**Chancre.**

See Chancre, page 59.

Erysipelas.—An acute infectious disease, usually the result of inoculation, characterized by the formation of a diffuse, sharply-defined erythematous patch with blebs, and accompanied by marked constitutional symptoms.

Erysipelas.**Erythematous Eczema.**

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| 1. Frequently history of contagion. | 1. Not contagious; frequently history of eczema. |
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2. Severe constitutional symptoms.
3. Intense shining redness and œdema.
4. Creeping eruption, spreading peripherally.
5. Inflammation very acute and deep-seated.
6. Intense burning and little pruritus.
7. Very painful on pressure.
8. No discharge except from ruptured blebs.
9. Vesicles form late.
10. Lasts for a few days.
11. Line of demarcation distinct.

Erysipelas.

1. Usually caused by contagion.
2. Presence of blebs.
3. Desquamation.
4. Skin uniformly red and puffy.
5. Line of demarcation distinct and regular.
6. Constitutional symptoms severe.
7. Eruption frequently limited to face.
8. Burning and painful to the touch.

Erysipelas.

1. History of contagion.
2. Severe constitutional symptoms.
3. Line of demarcation.
4. Deep inflammation.
5. Intense shining redness and swelling.

2. Accompanied by mild symptoms.
3. Less œdema and glossy redness.
4. Not essentially a creeping disease.
5. Inflammation less acute and superficial.
6. Intense itching and some burning.
7. Not very painful on pressure.
8. Usually some secretion.
9. Vesicles form early if at all.
10. Eruption lasts for a week or more.
11. No line of demarcation.

Urticaria.

1. Caused by eating fish, oysters, etc.
2. Presence of wheals.
3. No desquamation.
4. Skin irregularly swollen and inflamed.
5. Limit of eruption irregular and indistinct.
6. Slight constitutional symptoms.
7. Not usually limited to one part of body.
8. Itching and burning, but little pain on pressure.

Erythema Simplex.

1. Not contagious—history of indigestion.
2. Mild constitutional symptoms.
3. Limit of lesion not distinct.
4. Inflammation very superficial.
5. Skin red, but not swollen or glossy.

6. Formation of blebs.
7. Eruption spreads slowly and peripherally from central point.
8. Lesions last for a week or longer.
9. Diffuse redness.

Erysipelas.

1. History of contagion.
2. Acute affection.
3. Tending to spread peripherally.
4. Presence of blebs.
5. Intense shining redness.
6. Line of demarcation.
7. Regularly and abruptly raised outline.
8. Severe constitutional symptoms.

Erysipelas.

Erysipelas.

See Scarlet-Fever, page 55.

See Herpes Zoster, page 44.

6. No presence of blebs.
7. Eruption appears suddenly without creeping.
8. Lasts but a day or two.
9. Occurs usually in patches.

Chronic Dermatitis.

1. History of injury, exposure, poisoning, etc.
2. Runs a chronic course.
3. Not a creeping lesion.
4. Blebs usually absent.
5. Lesion has a dull, soggy appearance.
6. No line of demarcation.
7. Outline irregular and not abruptly elevated.
8. No constitutional disturbance.

Scarlet-Fever.

Herpes Zoster.

DIFFERENTIAL DIAGNOSIS OF THE NON-CONTA-
GIOUS INFLAMMATORY SKIN AFFECTIONS.



DIFFERENTIAL DIAGNOSIS OF THE NON-CONTAGIOUS INFLAMMATORY SKIN AFFECTIONS.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Roseola	{ Scarlet-fever. Measles. Rotheln. Erythematous syphilide.
Erythema simplex	{ Tinea cruris. Erysipelas. Scarlet-fever. Erythematous eczema.
Erythema multiforme	{ Purpura. Urticaria. Papular eczema. Lichen planus. Herpes iris. Erythema nodosum. Pemphigus. Dermatitis herpetiformis.
Erythema nodosum	{ Bruises. Precocious gummata. Furuncles. Urticaria. Erythema multiforme. Purpura or scurvy.

Urticaria	{	Erythema simplex. Erythema multiforme. Erythema nodosum. Erysipelas. Papular eczema. Insect-bites.
Lichen ruber planus	{	Lichen scrofulosus. Psoriasis. Papular eczema. Papular syphilide. Erythema multiforme.
Lichen scrofulosus	{	Keratosis pilaris. Papular eczema. Lichen ruber planus. Papular syphilide.
Prurigo	{	Papular eczema. Pruritus. Scabies. Pediculosis.
Herpes simplex	{	Chancroid. Vesicular eczema. Herpes zoster. Hydroa.
Herpes iris	{	Herpes zoster. Erythema multiforme. Pemphigus. Impetigo herpetiformis.
Hydroa	{	Erythema multiforme. Dermatitis herpetiformis. Herpes. Pemphigus. Small-pox. Impetigo herpetiformis.

Pemphigus	{	Pityriasis rubra. Hydroa. Herpes iris. Vesicular eczema. Bullous syphilide. Pemphigus foliaceus. Erythema multiforme.
Sycosis	{	Pustular eczema. Pustular syphilis. Tinea sycosis. Acne.
Impetigo	{	Impetigo contagiosa. Pustular eczema. Ecthyma. Pustular syphilide. Tinea favosa,
Impetigo contagiosa	{	Scabies. Chicken-pox. Impetigo.
Ecthyma	{	Pustular syphilide. Impetigo. Pustular eczema.
Erythematous eczema	{	Erysipelas. Erythema simplex. Tinea versicolor. Erythematous syphilide. Erythematous lupus. Scarlet-fever. Acne rosacea.
Papular eczema	{	Urticaria. Erythema multiforme. Papular syphilide. Lichen ruber planus. Prurigo.

Papular eczema	{	Lichen scrofulosus. Scabies. Small-pox. Miliaria. Acne simplex.
Squamous eczema	{	Pityriasis ruber. Psoriasis. Tinea circinata. Tinea tonsurans. Seborrhœa. Squamous syphilide. Ichthyosis.
Vesicular eczema	{	Miliaria (versicolor). Herpes. Herpes zoster. Pemphigus (foliaceus). Scabies. Pompholix.
Pustular eczema	{	Impetigo. Sycosis. Ecthyma. Pustular syphilide. Sycosis. Tinea sycosis. Tinea favosa. Pediculosis capitis. Small-pox. Scabies. Acne.
Palmar eczema		Palmar syphilide.
Pityriasis rubra	{	Psoriasis. Pemphigus foliaceus. Tinea versicolor. Squamous eczema.

Pityriasis capitis	{ Squamous eczema. Seborrhœa. Tinea tonsurans.
Psoriasis	{ Erythematous lupus. Ichthyosis. Squamous syphilide. Lichen planus. Seborrhœa. Squamous eczema. Tinea tonsurans. Tinea circinata. Pityriasis rubra.

Erythematous Eruptions.

Roseola.—A superficial inflammatory skin eruption, characterized by transitory hyperæmia of the skin occurring in patches.

Roseola.

Scarlet-Fever.

See Scarlet-Fever, page 55.

Roseola.

Measles.

See Measles, page 52.

Roseola.

Rotheln.

See Rotheln, page 53.

Roseola.

Erythematous Syphilide.

See Erythematous Syphilide, page 60.

Erythema Simplex.—An acute inflammatory affection of the skin characterized by the formation of large, reddish patches, usually macular and not elevated.

Erythema Simplex.

Erythematous Eczema.

1. History of disordered digestion.
2. Very transitory.
3. No thickening of the skin.
4. Simple hyperæmia of the skin.

1. No digestive disturbance.
2. Eruption usually lasts longer.
3. Skin thickened.
4. Inflammation of the skin.

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| 5. Accompanied by slight burning. | 5. Itching. |
| 6. Never accompanied by exudation. | 6. Usually some exudation. |
| 7. Usually occurs in small patches. | 7. Confluent in affected areas. |
| 8. Slight constitutional disturbance. | 8. Absence of fever, etc. |
| 9. No desquamation. | 9. Some scaling. |

Erythema Simplex.**Erysipelas.***See Erysipelas, page 73.***Erythema Simplex.****Scarlet-Fever.***See Scarlet Fever, page 54.*

Erythema Multiforme.—An acute inflammatory skin affection characterized by the formation of macules, papules, and tubercles, variegated and usually occurring in patches.

Synonyms.—Erythema iris, erythema annulare.

Erythema Multiforme.**Urticaria.**

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| 1. Lesions multiforme in shape and size. | 1. Lesions nearly uniform. |
| 2. Unattended with itching and burning. | 2. Intense itching and burning. |
| 3. Lesions well pronounced. | 3. Lesions less pronounced in character. |
| 4. Eruption passes through several stages. | 4. Eruption does not appear in stages. |
| 5. Colors of eruption decided and varied. | 5. Eruption pinkish white in color. |
| 6. Lasts for a week or more. | 6. Usually of short duration. |
| 7. Absence of wheals. | 7. Principal lesion is wheals. |
| 8. Skin not especially irritable. | 8. Welts immediately produced by irritating the skin. |
| 9. Cause not known. | 9. Usually result of eating fish, oysters, etc. |

Erythema Multiforme.**Herpes Iris.**

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| 1. Absence of vesicles. | 1. Vesicles always present. |
|-------------------------|-----------------------------|
- Probably different forms of the same disease,

Erythema Multiforme.

1. Lesions multiple.
2. No burning or itching.
3. Papules large size.
4. Papules irregular in shape and form.
5. Eruption usually passes through several stages and colors.
6. Lesions last for a week or more.
7. No patches of exudation.
8. Apt to recur at special seasons of the year.

Erythema Multiforme.

1. Lesions multiple.
2. Superficial inflammation.
3. Seen usually on body.
4. Appears in several forms or stages.
5. No appearance of tumors.
6. No pain or burning.
7. Color varied but seldom hemorrhagic.

Erythema Multiforme.

See Purpura, page III.

Erythema Multiforme.

See Dermatitis Herpetiformis, page 93.

Erythema Multiforme.

1. Multiple lesions.
2. Lasts for a week or more.
3. Slight itching if any.
4. Eruption occurs in different forms or stages.
5. Does not follow any particular course.

Papular Eczema.

1. Lesions papular.
2. Severe itching.
3. Papules smaller.
4. Papules regular in shape and outline.
5. Lesions remain papular, sometimes vesicular and red.
6. Lasts for several weeks.
7. Exudation common.
8. May occur at any time.

Erythema Nodosum.

1. Lesions single.
2. Lesions deep-seated.
3. Occur especially on lower extremities.
4. Do not pass through a succession of stages.
5. Lesions appear as tumors or nodes.
6. Painful and often burning.
7. Ecchymotic appearance of lesions.

Purpura.

Dermatitis Herpetiformis.

Lichen Ruber Planus.

1. Lesions single.
2. Lasts for weeks or months.
3. Severe itching.
4. Lesions remain papular.
5. Lesions follow nerve trunks or lines in the skin.

6. Acute inflammation.
7. Leaves but slight pigmentation.
8. Colors varied.

Erythema Multiforme.

1. Lesions multiform.
2. Bullæ seldom found.
3. May form from union of vesicles.
4. Lesions several days in developing.
5. Eruption appears in stages.
6. General health usually good.
7. Lesions often symmetrical.
8. Individual lesions last a week or more.
9. Occurs at certain times of year.
10. Accompanied by inflammatory signs.

6. Chronic inflammation.
7. Pigmentation well marked.
8. Lesions dark-red color.

Pemphigus.

1. Lesions bullous.
2. Bullæ always present.
3. Lesions bullous from the first.
4. Lesions develop rapidly.
5. Begin and end as bullæ.
6. Health always impaired.
7. Lesions asymmetrical.
8. Each lesion lasts for three or four days.
9. Occur at any time.
10. Little or no inflammation about lesion.

Erythema Nodosum.—An acute inflammatory affection characterized by the formation of reddish elevated nodes.

Synonym.—Dermatitis contusiformis.

Erythema Nodosum.

1. History of general malaise, rheumatism, etc.
2. Nodes have appearance of sup-puration.
3. Slightly painful on pressure.
4. Appear in crops.
5. Tumors firm at first and become soft.
6. Some itching and burning.
7. Usually occur on the shins.

Erythema Nodosum.

1. Appear suddenly.
2. Usually multiple.
3. Slightly painful on pressure.

Bruises.

1. History of injury.
2. Seldom suppurate.
3. Very painful on pressure.
4. Do not reappear.
5. Tumors at first soft and become hard.
6. Pain, especially on manipulation.
7. Appear only at seat of injury.

Furuncles.

1. Come gradually.
2. Usually single.
3. Very painful on manipulation.

- | | |
|---|---|
| 4. Appearance of suppuration. | 4. True suppuration. |
| 5. Slight itching and burning sensations. | 5. Accompanied by severe pain. |
| 6. Nodes oval in shape. | 6. Pointed and round. |
| 7. Pass through several shades of color. | 7. Remain red and angry-looking. |
| 8. Surrounding skin not affected. | 8. Inflammation of adjacent integument. |

Erythema Nodosum.

1. History of general malaise, rheumatism, etc.
2. Lesions appear as nodes.
3. Painful on pressure.
4. Slight burning and itching.
5. Lasts a week or more.
6. Not produced by irritating skin.
7. Passes through several shades of color.
8. General appearance of suppuration.
9. Leaves pigmentation.

Erythema Nodosum.

1. Lesion nearly flat and not inflammatory.
2. Few in number.
3. Of large size.
4. Appear on extensor surface of extremities.
5. Seldom appear on trunk.
6. Not hemorrhagic at first.
7. Pain in joints usually very severe.
8. Have general appearance of suppuration.
9. Painful on pressure.
10. Slight burning and itching.

Urticaria.

1. Caused by eating fish, oysters, etc.
2. Appearance of wheals.
3. No pain on pressure.
4. Severe burning and itching.
5. Usually very transitory.
6. Welts produced by irritating skin.
7. No variety of colors.
8. No appearance of suppuration.
9. No pigmentation.

Purpura Rheumatica.

1. Lesions elevated and inflammatory in character.
2. Usually occur in large numbers.
3. Smaller.
4. Appear especially about joints.
5. Apt to extend to the trunk.
6. Begin as a cutaneous extravasation.
7. Mild joint symptoms.
8. No appearance of suppuration.
9. No pain on pressure.
10. No subjective sensations.

Erythema Nodosum.

1. No specific history.
2. Lesions appear suddenly.
3. Tumors slightly painful.
4. Do not suppurate.
5. Change color from time to time.
6. Lesions begin in the skin.
7. Color of skin changed from the first.
8. Eruption appears in crops.
9. Last for a week or more.

Precocious Gummata.

1. History of syphilis.
2. Appear gradually.
3. Very painful, especially at night.
4. Go on to suppuration.
5. Lesion bluish-red, without variety of colors.
6. Skin secondarily affected.
7. Color of skin normal at first.
8. Do not appear in crops.
9. Lasts for months.

Erythema Nodosum.**Erythema Multiforme.**

See Erythema Multiforme, page 83.

Urticaria.—An acute inflammatory affection, characterized by the rapid development of wheals, and accompanied by pricking, burning, and itching,

Synonyms.—Nettle rash, hives, cnidosis.

Urticaria (Papulosa).**Papular Eczema.**

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|--|---|
| <ol style="list-style-type: none"> 1. History of error in diet, or dyspepsia. 2. Lesions appear suddenly. 3. Usually not very extensive. 4. Lasts but a few hours or days. 5. Presence of blood crusts from scratching. 6. Not accompanied by other forms of eruption elsewhere. 7. Itching, burning, and pricking intense. 8. Exacerbations may occur in a few hours. 9. Welts form immediately by irritation of the skin. | <ol style="list-style-type: none"> 1. History of eczema. 2. Eruption appears more gradually. 3. Often extensive. 4. Lasts usually for weeks. 5. Absence of blood crusts. 6. Usually accompanied by other forms of eczema. 7. Itching, but slight burning or pricking. 8. Eruption remains the same for days. 9. Skin not especially irritable. |
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Urticaria.

1. Appear suddenly on different parts of body.
2. Multiplicity of lesions.
3. Do not appear in groups.
4. Exacerbations common within a few hours.
5. No central blood point or lesion.
6. History of dyspepsia or error in diet
7. Lesions appear in crops.
8. Welts immediately produced by irritating the skin.

Insect-Bites.

1. Limited usually to one portion of body.
2. Lesions limited in number.
3. Always appear in lines or groups.
4. No removal of lesions without cause.
5. Central lesion due to puncture of skin.
6. No digestive disorder, but often presence of insect.
7. No successive crops of eruption.
8. Skin only over-sensitive about lesion.

Urticaria.

See Erythematous Syphilide, page 60.

Urticaria.

Erythema Multiforme.

See Erythema Multiforme, page 82.

Urticaria.

Erythema Nodosum.

See Erythema Nodosum, page 85.

Urticaria.

Erysipelas.

See Erysipelas, page 73.

Papular Eruptions.

Lichen Ruber Planus.—A chronic inflammatory affection, characterized by the formation of small red papules, slightly desquamating and accompanied by itching.

Lichen Ruber Planus.

1. History of nervous derangement, debility, etc.
2. Papules size of pin-head, or larger.

Lichen Scrofulosus.

1. Scrofulous history.
2. Papules about the size of millet-seeds.

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| <ul style="list-style-type: none"> 3. Lesions quadrangular or polygonal shape. 4. Itching. 5. Lesions follow skin elevations or nerve trunks. 6. Often occur on extremities. 7. Papules dark-red or purplish. 8. Papules frequently umbilicated. 9. Lesions not limited to hair follicles. | <ul style="list-style-type: none"> 3. Lesions round. 4. No pruritus. 5. Lesions grouped in round or crescentic patches. 6. Usually limited to trunk. 7. Lesions pale-red or yellowish. 8. Papules flat or rounded. 9. Lesions occur only around hair follicles. |
|---|--|

Lichen Ruber Planus.

- 1. Slight itching.
- 2. Papules flat and often umbilicated.
- 3. No desquamation at first.
- 4. Slight desquamation.
- 5. Slight induration.
- 6. Scales grayish or yellowish.
- 7. No bleeding when detached.
- 8. Flexure surfaces usually attacked.
- 9. Lesions irregular or angular in outline.
- 10. Patches sometimes form.
- 11. Papules retain their individuality.
- 12. Lesions follow nerve trunks in skin elevations.

Lichen Ruber Planus.

- 1. Desquamation.
- 2. Lesions remain papular for months.
- 3. Slight itching.
- 4. Papules flat or umbilicated.
- 5. Papules irregular or angular in outline.

Psoriasis.

- 1. Intense itching.
- 2. Papules rounded and never umbilicated.
- 3. Desquamation from the start.
- 4. Marked desquamation.
- 5. Induration more marked.
- 6. Scales "mother of pearl" appearance.
- 7. Cause bleeding when detached.
- 8. Attack extensor surfaces, elbows, and knees.
- 9. Lesions rounded in shape.
- 10. Patches usually form.
- 11. Papules uniting lose their identity.
- 12. Do not.

Papular Eczema.

- 1. No desquamation.
- 2. Remain papular for weeks.
- 3. Severe pruritus.
- 4. Papules rounded and accumulated.
- 5. Papules rounded.

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| 6. Papules dull-red or violet color. | 6. Bright-red color. |
| 7. Lesions follow skin elevation or nerve trunks. | 7. Do not follow distinct lines. |
| 8. Leave some pigmentation or stain. | 8. No pigmentation. |
| 9. Papules retain their individuality, although forming patches. | 9. Papules often unite, losing their identity. |
| 10. Health impaired. | 10. Health remains good. |

Lichen Ruber Planus.

Papular Syphilide.

See Papular Syphilide, page 63.

Lichen Ruber Planus.

Erythema Multiforme.

See Erythema Multiforme, page 83.

Lichen Scrofulosus.—A chronic inflammatory affection occurring in scrofulous subjects, characterized by the formation of flat, reddish-yellow papules unaccompanied by itching.

Lichen Scrofulosus.

Keratosis Pilaris.

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|-----------------------------------|--|
| 1. Eruption inclined to group. | 1. No tendency to group. |
| 2. Occurs in scrofulous patients. | 2. Occurs in good health. |
| 3. Slight scaling. | 3. Scaling well marked. |
| 4. Papules firm. | 4. Papules less firm. |
| 5. Hairs normal. | 5. Hairs twisted and broken. |
| 6. Papules uniform in color. | 6. Papules contain central black point, due to broken-off hairs. |
| 7. Papules flat. | 7. Papules pointed. |
| 8. Occurs chiefly on trunk. | 8. Occurs principally on extensor surfaces of extremities. |

Lichen Scrofulosus.

Papular Eczema.

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| 1. Occurs in scrofulous patients. | 1. May occur in the healthy. |
| 2. No itching. | 2. Severe itching. |
| 3. Very chronic disease. | 3. More acute affection. |
| 4. Individual papules slow to change. | 4. Lesions change in character from time to time. |
| 5. Moderate scaling. | 5. No scaling. |
| 6. Papules flat. | 6. Papules pointed. |

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| 7. Papules dull-red or yellowish color. | 7. Papules bright-red color. |
| 8. Lesions limited about hair follicles. | 8. Lesions not limited to follicles. |
| 9. Lesions form slowly. | 9. Papules form rapidly. |
| 10. Health greatly impaired. | 10. Health usually good. |
| 11. Skin dry and harsh. | 11. Skin less harsh and dry. |

Lichen Scrofulosus.**Lichen Ruber Planus.***See Lichen Ruber Planus, page 87.***Lichen Scrofulosus.****Papular Syphilide.***See Papular Syphilide, page 62.*

Prurigo.—A chronic inflammatory disease of the skin, usually beginning in childhood and continuing through life, characterized by the formation of small reddish papules and accompanied by intense itching.

Prurigo.**Papular Eczema.**

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|--|---|
| 1. Lasts for years or lifetime. | 1. Eruption lasts for days or weeks. |
| 2. Presence of minute blood crusts. | 2. Blood crusts few and larger, if present. |
| 3. Seldom occurs on trunk. | 3. Often seen on trunk. |
| 4. Itching intense and constant. | 4. Itching less severe and inconstant. |
| 5. Occurs in the poor and ill-fed. | 5. Seen often in the strong and healthy. |
| 6. Lesions never grouped. | 6. Papules frequently grouped. |
| 7. Lesions pale-red or flesh color. | 7. Papules bright-red color. |
| 8. Skin very harsh. | 8. Skin less dry and harsh. |
| 9. Not accompanied by vesicular or erythematous patches. | 9. Other lesions usually present, or papules change to vesicles, etc. |

Prurigo.**Pruritus.***See Pruritus, page 45.***Prurigo.****Pediculosis.***See Pediculosis, page 27.***Prurigo.****Scabies.***See Scabies, page 27.*

Vesicular Eruptions.

Herpes Simplex.—An acute inflammatory skin disease, characterized by the formation of groups of vesicles, occurring principally about the face and genitals, accompanied by burning sensations.

Synonyms.—Herpes facialis, cold sores, fever blisters, herpes labialis.

Herpes Simplex.

1. Caused usually by fever or cold.
2. Appears suddenly.
3. Accompanied by pain and burning.
4. Occurs especially about mouth.
5. Disappears in a few days.
6. Grouping in small patches very pronounced.
7. Not accompanied by other lesions.
8. Vesicles few in number.

Vesicular Eczema.

1. No constitutional disturbance.
2. Less rapid in formation.
3. Severe itching.
4. Not at all limited about mouth.
5. Lasts for weeks or longer.
6. Grouping in large patches, if at all.
7. Papules and pustules frequently present.
8. Usually vesicles present in large numbers.

Herpes.

Chancroid.

See Chancroid, page 72.

Herpes.

Herpes Zoster.

See Herpes Zoster, page 44.

Herpes.

Hydroa.

See Hydroa, page 93.

Herpes Iris.—An acute inflammatory skin affection, characterized by the formation of vesico-papules or blebs arranged in crescentic rings displaying various colors.

Synonyms.—Hydroa (?), herpes circinatus.

Herpes Iris.

1. Begins as papules.
2. Lesions remain vesicular.

Impetigo Herpetiformis.

1. Begins as vesicles or pustules.
2. Accompanied by blebs or pustules.

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| 3. No constitutional symptoms. | 3. Severe constitutional disturbance. |
| 4. No itching or burning. | 4. Itching and burning severe. |
| 5. Usually occur on hands or feet. | 5. Seldom occur on hands or feet. |
| 6. Acute affection. | 6. Disease lasts for years. |
| 7. Not associated with pregnancy. | 7. Usually occurs with pregnancy. |
| 8. Slight crusting. | 8. Formation of thick green or brown crusts. |
| 9. Lesions present a variety of colors. | 9. Lesions red color. |

Herpes Iris.

1. Acute affection.
2. Presence of vesicles.
3. Begin as papules.
4. Lesions of varied color.
5. Surrounding skin inflamed.
6. Vesicles arranged in circles.
7. Lesions appear on back of arms, hands, and feet.

Pemphigus.

1. Chronic in adults.
2. Presence of blebs.
3. Begin as blebs or vesicles.
4. Lesions reddish in color.
5. Adjacent integument not inflamed.
6. Lesions irregularly arranged.
7. No seat of predilection.

Herpes Iris.**Herpes Zoster.**

See Herpes Zoster, page 44.

Herpes Iris.**Erythema Multiforme.**

See Erythema Multiforme, page 82.

Bullous Eruptions.

Hydroa.—An acute inflammatory skin affection, characterized by the formation of small bullæ, commencing as clear vesicles, but becoming turbid in a few hours, and accompanied by intense itching, burning, and slight febrile symptoms.

Synonyms.—Hydroa bulleux, dermatitis herpetiformis, hydroa herpetiformis, impetigo herpetiformis (?), etc

Hydroa.**Pemphigus.**

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| 1. Lesions consist of vesicles, blebs, and vesico-pustules appearing together or alternately. | 1. The lesions consist of blebs or bullæ. |
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| 2. Lesions show marked tendency to group. | 2. But little tendency to group. |
| 3. Lesions dry at centre and spread peripherally. | 3. No tendency to spread peripherally. |
| 4. Intense itching and burning. | 4. Slight subjective sensations. |
| 5. Skin surrounding lesions inflamed. | 5. Subjacent integument not inflamed. |
| 6. Individual lesions last for a week or more. | 6. Blebs disappear in two or three days. |
| 7. Bullæ not larger than split pea. | 7. Blebs usually larger. |
| 8. Especially apt to occur about head, face, and hands. | 8. Occurs more often on the extremities. |

Hydroa.

1. Blebs, vesicles, and pustules often appear together.
2. Lesions extensive.
3. Frequently appear on hands or wrists.
4. Lesions numerous.
5. Runs a chronic course.
6. Itching intense.
7. Presence of large blebs due to coalescence.
8. Lesions develop slowly.

Hydroa (Dermatitis Herpetiformis).

1. Lesion multiform, but principally vesicular or bullous.
2. Exposed surfaces most affected, especially the face and neck.
3. Disease runs a chronic course.
4. Subjective sensations severe.
5. Erythematous lesions slightly raised.

Herpes.

1. Lesions distinctly vesicular.
2. Usually limited in area.
3. Rarely occur on extremities.
4. Usually few in number.
5. Acute course.
6. Burning, but slight itching.
7. Blebs small if present.
8. Vesicles develop rapidly.

Erythema Multiforme.

1. Lesion multiform, but principally macular, papular, or tubercular.
2. Backs of hands, feet, and extremities most affected.
3. Disease seldom lasts over two or three weeks.
4. Subjective sensations rarely marked.
5. Erythematous lesions markedly raised.

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| 6. Lesions pass slowly through several stages of development. | 6. Lesions, though multiple, usually do not change in character. |
| 7. Color of lesions not peculiar. | 7. Lesions present singular shades of color. |
| 8. Lesions usually asymmetrical. | 8. Lesions usually symmetrical. |

Hydroa.**Impetigo Herpetiformis.**

These two diseases are often considered identical, but the hydroa differs from the impetigo herpetiformis of Hebra in the following diagnostic points :

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|---|--|
| 1. Lesions first erythematous or vesicular. | 1. Eruption pustular from the first. |
| 2. Presence of large bullæ. | 2. Absence of true bullæ. |
| 3. Pruritus and burning severe. | 3. Little if any pruritus. |
| 4. Lesions often confined to head, face, and hands. | 4. Eruption nearly always appears on the body and extremities. |
| 5. Occurs in men and women. | 5. Usually complicates pregnancy. |
| 6. Moderate constitutional symptoms. | 6. Disease usually terminates fatally. |

Hydroa.**Dermatitis Herpetiformis.**

These two diseases are now considered as belonging to the same group of affections, the term hydroa being given to that form of the disease in which the bullæ are especially well-marked.

Hydroa.**Small-Pox.**

See Small-Pox, page 56.

Pemphigus.—An acute, sometimes chronic, skin disease, characterized by the formation of crops of irregularly shaped blebs, most common on the extremities.

Pemphigus.**Hydroa.**

See Hydroa, page 92.

Pemphigus (Foliaceus).**Vesicular Eczema.**

- | | |
|---|---------------------------------|
| 1. Chronic affection. | 1. Acute disease. |
| 2. Tendency to attack greater portions of body. | 2. Confined to certain regions. |
| 3. Presence of blebs. | 3. Lesions consist of vesicles. |

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| 4. Vesicles rupture before being distended. | 4. Vesicles become distended and rupture. |
| 5. But little itching or burning. | 5. Intense itching. |
| 6. Skin not inflamed. | 6. Skin inflamed, reddened, and thickened. |
| 7. Fluid dries rapidly in thin white scales. | 7. Secretions dry slowly in thick yellowish scales. |
| 8. Scales rapidly detached. | 8. Scales slowly detached. |
| 9. General health greatly impaired. | 9. Health usually not impaired. |

Pemphigus (Foliaceus).

Pityriasis Rubra.

See Pityriasis Rubra, page 104.

Pemphigus (Vulgaris).

Pemphigus (Foliaceus.)

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|---|------------------------------------|
| 1. Few blebs. | 1. Many blebs. |
| 2. No grouping. | 2. Blebs have a tendency to group. |
| 3. Eruption not extensive. | 3. Very extensive. |
| 4. Blebs do not rupture. | 4. Blebs always rupture. |
| 5. Blebs distended. | 5. Blebs not distended or tense. |
| 6. Little or no scaling. | 6. Rapid and extensive scaling. |
| 7. In adults but little constitutional disturbance. | 7. Severe constitutional symptoms. |
| 8. Common affection. | 8. Rare disease. |

Pemphigus.

Herpes Iris.

See Herpes Iris, page 92.

Pemphigus.

Bullous Syphilide.

See Bullous Syphilide, page 64.

Pemphigus.

Erythema Multiforme.

See Erythema Multiforme, page 84.

Pustular Eruptions.

Sycosis.—A chronic inflammatory skin disease affecting the hair follicles, and characterized by the formation of pustules, papules, and tubercles.

Synonyms.—Mentagra, folliculitis pilorum.

Sycosis.

1. Confined to hairy parts of face.
2. Deep-seated inflammation.
3. Lesions limited to hair follicles.
4. Presence of papules and tubercles.
5. Absence of much oozing.
6. Moderate itching.
7. Each pustule penetrated by a hair.
8. Disease spreads slowly.

Pustular Eczema.

1. Not confined to bearded portions of face.
2. Inflammation superficial.
3. Lesions not limited to hair follicles.
4. Eruption consists of vesicles and pustules.
5. Exudation well marked.
6. Intense pruritus.
7. Each individual lesion not perforated by hairs.
8. Eruption spreads rapidly.

Sycosis.

See Pustular Syphilide, page 66.

Pustular Syphilide.**Sycosis.**

See Tinea Sycosis, page 21.

Tinea Sycosis (Barbæ).**Sycosis.**

See Acne, page 35.

Acne.

Impetigo.—An acute inflammatory skin disease, characterized by the formation of pustules having no tendency to rupture or leave a scar.

Impetigo

1. Pustules large and prominent.
2. Pustules discrete.
3. Pustules not numerous.
4. Pustules do not rupture.
5. Skin but little thickened.
6. Itching moderate.
7. But little, if any, discharge.
8. Speedy recovery.

Pustular Eczema.

1. Pustules small and not greatly elevated.
2. Pustules confluent.
3. Pustules present in large numbers.
4. Pustules rupture.
5. Skin infiltrated.
6. Severe pruritus.
7. Secretion abundant.
8. Lesions remain for some time.

Impetigo.

1. Pustules elevated and rounded.
2. Base not infiltrated.

Ecthyma.

1. Lesions flat or oval.
2. Base infiltrated.

3. But slight areola.
4. Scales yellowish and small.
5. Scales separate in a few days.
6. No pigmentation.
7. Slight excoriation.
8. General health good.

Impetigo.

1. Not communicable.
2. Begins as pustules.
3. Lesions deep.
4. Pustules elevated and rounded.

Impetigo (of scalp).

See Tinea Favosa, page 24.

Impetigo.

See Pustular Syphilide, page 66.

3. Marked areola.
4. Scales large, black, and flat.
5. Scales separate in two or three weeks.
6. Some pigmentation.
7. Deep excoriation.
8. General health poor.

Impetigo Contagiosa.

1. Contagious affection.
2. Begins as vesicles.
3. Lesions superficial.
4. Pustules flat or umbilicated.

Tinea Favosa.

Pustular Syphilide.

Impetigo Contagiosa.—An acute contagious and inflammatory skin disease, characterized by the formation of vesicles soon becoming pustules, which, drying, leave crusts but no scars.

Impetigo Contagiosa.

1. Non-parasitic disease
2. Pustules occur alone.
3. Pustules mostly large.
4. Pustules not very numerous.
5. No tendency to group.
6. Eruption lasts for a few days.
7. Little or no itching.
8. No burrows in the skin.
9. Lesions not multiform.
10. Lesions usually preceded by fever.
11. Usually appears first on face.

Scabies.

1. Presence of parasite.
2. Presence of pustules, papules, and vesicles.
3. Most of the lesions small.
4. Lesions present in large numbers.
5. Lesions usually occur in groups.
6. Disease lasts for weeks and months.
7. Intense itching.
8. Presence of burrows.
9. Multiformity of lesions.
10. No constitutional disturbance.
11. Usually seen first on hands or body.

Impetigo Contagiosa.**Chicken-Pox.***See Chicken-Pox, page 58.***Impetigo Contagiosa.****Impetigo.***See Impetigo, page 97.*

Ecthyma.—An acute inflammatory skin disease, characterized by the formation of large pustules surrounded by an inflammatory areola and followed by yellowish crusts.

Ecthyma.**Pustular Eczema.**

1. Pustules large and oval.
2. Pustules discrete.
3. Inflammation deep-seated.
4. Little or no itching.
5. Extended areola.
6. Formation of blackish crusts over deep excoriations.
7. No formation of vesicles.
8. Occur usually on extremities or back.
9. General health poor.

1. Pustules small and round.
2. Pustules confluent.
3. Superficial inflammation.
4. Intense pruritus.
5. Limited areola.
6. Yellowish crusts form on superficially inflamed surface.
7. Vesicles usually present.
8. More apt to occur on face or scalp.
9. Health may remain good.

Ecthyma.**Pustular Syphilide.***See Pustular Syphilide, page 65.***Ecthyma.****Impetigo.***See Impetigo, page 96.***Multiforme Eruptions.**

Eczema.—An inflammatory skin disease, either acute or chronic, characterized by the multiforme character of its lesions, occurring either singly or together, ending in the formation of crusts or desquamation, and accompanied by itching and thickening of the skin.

Synonyms.—Salt rheum, moist tetter, scall, milk crust.

Erythematous Eczema.

1. History frequently of eczema.
2. Eruption limited in extent.
3. Patches of eruption quite large.
4. Intense itching.
5. Lesion bright-red color.
6. Usually accompanied by other forms of eczema.
7. Slight scaling, but no pigmentation.
8. Skin thickened.

Erythematous Eczema.

1. Lesions spread rapidly.
2. Margins indistinct.
3. Sebaceous glands not affected.
4. Slight scaling, but scales not connected with the glands.
5. Centre of patch elevated and redder.
6. Not limited to face, but usually accompanied by eczema of the body.
7. Usually accompanied by serous exudation at some time.
8. No scarring.
9. Disease acute or subacute, lasting for weeks.
10. Eruption better and worse at intervals.
11. Intense itching.

Erythematous Eczema.

1. Disease not communicable.
2. Lesions occur in patches.
3. Eruption limited in extent.
4. Eruption uniform.
5. Mild or no constitutional symptoms.

Erythematous Syphilide.

1. History of chancre.
2. Eruption diffuse.
3. Individual lesions small.
4. No pruritus.
5. Coppery or pale-rose color.
6. Presence of other syphilitic symptoms.
7. No scaling, but pigmentation.
8. No induration of skin.

Erythematous Lupus.

1. Spread slowly.
2. Margins distinct and covered with yellow scales.
3. Sebaceous glands patulous.
4. Sebaceous crusts attached to the glands.
5. Centre of patch pale and depressed.
6. Disease usually limited to the face.
7. Never any serous exudation.
8. Formation of cicatricial tissue.
9. Chronic affection, lasting for years.
10. Disease progresses steadily.
11. Moderate itching, burning.

Scarlet-Fever.

1. History, contagion.
2. Diffuse redness.
3. Eruption covers body.
4. Presence of punctate spots.
5. Severe constitutional symptoms.

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|---|-----------------------------------|
| 6. Disease lasts for weeks. | 6. Eruption lasts for a few days. |
| 7. Moderate scaling. | 7. Extensive scaling. |
| 8. Eruption extends slowly (comparatively). | 8. Eruption spreads rapidly. |
| 9. Usually accompanied by weeping eczema. | 9. No exudation. |

Erythematous Eczema.**Tinea Versicolor.**

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| 1. Disease not contagious or parasitic. | 1. Parasitic affection. |
| 2. Patches large. | 2. Patches small in extent. |
| 3. Usually appear on face. | 3. Occur on back and chest. |
| 4. Bright-red color. | 4. Yellow color. |
| 5. Outline indistinct. | 5. Lesions sharply defined. |
| 6. Flaky scaling. | 6. Scales of a mealy character. |
| 7. Eruption varies in intensity from day to day. | 7. Lesions remain about the same. |
| 8. Patches usually oval or circular. | 8. Patches uniting produce irregular outline. |
| 9. Some elevation and thickening of skin. | 9. Little, if any, thickening of skin. |
| 10. Frequently accompanied by other forms of eczema. | 10. Not usually accompanied by other skin lesions. |

Erythematous Eczema.**Erysipelas.***See Erysipelas, page 92.***Erythematous Eczema.****Erythema Simplex.***See Erythema Simplex, page 81.***Erythematous Eczema.****Acne Rosacea.***See Acne Rosacea, page 36.***Papular Eczema.****Papular Syphilide.***See Papular Syphilide, page 65.***Papular Eczema.****Erythema Multiforme.***See Erythema Multiforme, page 83.***Papular Eczema.****Urticaria.***See Urticaria, page 86.*

Papular Eczema.

See Prurigo, page 90.

Papular Eczema.

See Miliaria, page 38.

Papular Eczema.

See Lichen Ruber Planus, page 88.

Papular Eczema.

See Lichen Scrofulosus, page 89.

Papulo-Pustular Eczema.

1. Superficial infiltration of skin.
2. Not limited to glandular tissue.
3. Intense itching.
4. Absence of comedones.
5. History of eczema.
6. May occur on any part of the body,

Prurigo.

Miliaria.

Lichen Ruber Planus.

Lichen Scrofulosus.

Acne.

1. Deep-seated infiltration.
2. Thickening of gland structure.
3. Subjective sensation of heat and burning.
4. Comedones.
5. History of acne.
6. Occurs usually on face or back.

Papulo-Pustular Eczema.

See Scabies, page 26.

Papulo-Pustular Eczema.

See Small-Pox, page 56.

Squamous Eczema.

1. Redness occurs in patches.
2. Intense itching and some burning.
3. Scales small and bran-like.
4. Scales form slowly.
5. Skin infiltrated and thickened.
6. Exudation present at some period.
7. Scales not very abundant.
8. Affection common.
9. General health remains good.

Scabies.

Small-Pox.

Pityriasis Rubra.

1. Uniform redness.
2. Slight itching and no burning.
3. Scales large and papery.
4. Scales reproduced rapidly.
5. Skin not infiltrated.
6. Process always a dry one.
7. Scales very numerous.
8. Rare disease.
9. Severe constitutional disturbance after disease has lasted some time.

Squamous Eczema.

1. Eruption fades gradually into surrounding skin.
2. Scales thin and scanty.
3. Presence of moisture at some stage.
4. Lesions change in character from time to time.
5. Scales small and yellowish.
6. Intense itching.
7. Patches of eruption large.
8. No seat of predilection.
9. No uniformity of lesions.
10. Great induration of patches.
11. Ears and face frequently attacked in eczema of the scalp.

Squamous Eczema.

See Tinea Circinata, page 18.

Squamous Eczema.

See Tinea Tonsurans, page 19.

Squamous Eczema.

See Seborrhœa, page 32.

Squamous Eczema.

See Squamous Syphilide, page 64.

Squamous Eczema.

See Ichthyosis, page 116.

Vesicular Eczema.

1. Eruption preceded by pricking and burning.
2. Eruption superficial from the first.
3. Vesicles form on the skin.

Psoriasis.

1. Eruption terminates abruptly.
2. Scales thick and numerous.
3. Eruption always dry.
4. Eruption remains the same from week to week.
5. Scales large and pearl-like.
6. Itching less severe.
7. Smaller patches of eruption.
8. Seat of predilection on elbows, knees, etc.
9. Great uniformity of lesions.
10. Less induration but greater vascularity.
11. When affecting scalp usually limited to hairy parts.

Tinea Circinata.**Tinea Tonsurans.****Seborrhœa.****Squamous Syphilide.****Ichthyosis.****Pompholix.**

1. No premonitory symptoms.
2. Eruption deep-seated.
3. Eruption forms in deep layers of skin,

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| Vesicles rupture easily. | 4. Vesicles rupture late, if at all. |
| Eruption not especially apt to appear on hands or feet. | 5. Disease usually limited to hands and feet. |
| Exudation well marked. | 6. But little secretion. |
| Lesions not connected with sweat glands. | 7. Disease probably of the sweat glands. |
| Inflammatory signs well marked from the first. | 8. Inflammatory signs appear later. |

Vesicular Eczema.

Miliaria (Vesicular).

See Miliaria, page 38.

Vesicular Eczema.

Herpes.

See Herpes, page 91.

Vesicular Eczema.

Herpes Zoster.

See Herpes Zoster, page 43.

Vesicular Eczema.

Pemphigus (Foliaceous).

See Pemphigus, page 94.

Vesicular Eczema.

Scabies.

See Scabies, page 26.

Pustular Eczema.

Ecthyma.

See Ecthyma, page 93.

Pustular Eczema.

Impetigo.

See Impetigo, page 96.

Pustular Eczema.

Pustular Syphilide.

See Pustular Syphilide, page 65.

Pustular Eczema.

Sycosis.

See Sycosis, page 96.

Pustular Eczema.

Tinea Sycosis.

See Tinea Sycosis, page 21.

Pustular Eczema.

Tinea Favosa.

See Tinea Favosa, page 24.

Pustular Eczema.

Pediculosis Capitis.

See Pediculosis Capitis, page 27.

Palmar Eczema.

1. History of eczema.
2. Superficial infiltration.
3. Infiltration inflammatory in character.
4. Eruption uniformly diffused.
5. Patches of eruption large.
6. Patches not circumscribed.
7. Eruption fades off gradually.
8. Eruption very itchy.
9. Lesion red without pigmentation.

Palmar Syphilide.

1. History of syphilis.
2. Deep infiltration.
3. Infiltration firmer and cellular.
4. Lesions ununiform.
5. Patches of eruption smaller.
6. Lesion circumscribed and rounded.
7. Line of demarcation well marked.
8. No pruritus.
9. Lesions coppery-colored and pigmented.

Squamous Eruptions.

Pityriasis Rubra.—An inflammatory disease affecting the skin of the whole body, characterized by a diffuse redness and continued exfoliation of the epidermis in large parchment-like scales.

Synonym.—Dermatitis exfoliativa.

Pityriasis Rubra.

1. Eruption invades most of the body.
2. Patches not thickened.
3. Scales very abundant.
4. Scales yellowish, thin, and papery.
5. Scales usually very large.
6. Scales curl up when detached.
7. No itching.
8. Inflammation very superficial.
9. Scales reproduced very rapidly.
10. Disease of adults.

Psoriasis.

1. Small portions of skin attacked.
2. Patches indurated.
3. Scales much less numerous.
4. Scales white and pearly.
5. Scales small.
6. Scales remain flat.
7. Pruritus well marked.
8. Inflammation deep-seated.
9. Scales form less rapidly.
10. Frequently attacks children.

Pityriasis Rubra.

1. Eruption begins as an erythema.
2. Dry affection from the first.
3. Scales yellowish and papery.

Pemphigus Foliaceus.

1. Lesions begin as blebs.
2. Serous discharge from blebs.
3. Scales white and flaky.

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| 4. Scales large and curl up when detached. | 4. Scales small and shreddy. |
| 5. Continued formation of erythematous patches. | 5. Continued formation of imperfect blebs. |
| 6. Constitutional symptoms slight or absent from the first. | 6. Constitutional symptoms severe from the first. |
| 7. Large part of surface attacked. | 7. Lesions less extensive. |

Pityriasis Rubra.

1. Not contagious or parasitic.
2. Spreads rapidly.
3. Frequently covers body.
4. Lesions red color.
5. Scales very abundant.
6. Scales large.
7. Rapid and extensive desquamation.
8. No itching.

Tinea Versicolor.

1. Disease communicable and parasitic.
2. Eruption spreads slowly.
3. Usually confined to chest.
4. Eruption yellowish color.
5. Scales scanty.
6. Scales small.
7. Slow and limited desquamation.
8. Pruritus.

Pityriasis Rubra.

Squamous Eczema.

See Squamous Eczema, page 101.

Pityriasis Capitis.—A scaly affection of the scalp, characterized by the rapid formation of small scales, easily detached and accompanied by itching and loss of hair.

Synonyms.—Alopecia furfuracea, dandruff.

Pityriasis Capitis.

1. Presence of dry epithelial scales.
2. Scales do not adhere together.
3. Scales easily detached.
4. Disease causes itching and baldness.

Seborrhœa.

1. Presence of greasy, sebaceous crusts.
2. Crusts may be kneaded into a ball.
3. Crusts quite firmly attached.
4. Less itching and loss of hair.

Pityriasis Capitis.

1. Always a dry disease.
2. Skin not thickened or inflamed
3. Scales easily detached.

Squamous Eczema.

1. Presence of moisture at some time.
2. Skin red and thickened.
3. Crusts firmly adhered.

4. Disease limited to scalp.
5. Alopecia common.
6. Hairs surrounded by scaly sheath.

Pityriasis Capitis.

1. Not communicable or parasitic.
2. Usually affects the whole scalp.
3. Outline irregular.
4. Disease of adults.
5. Hairs not deformed.
6. Scales abundant and easily detached.

4. Ears frequently affected.
5. Less frequent.
6. Hairs frequently matted together.

Tinea Tonsurans.

1. Contagious and parasitic.
2. Limited in area.
3. Circular outline.
4. Disease of children.
5. Hairs twisted, brittle, and broken.
6. Scales scanty and firmly attached.

Psoriasis.—A chronic inflammatory skin affection, characterized by the formation of red, dry, and elevated patches covered with abundant, whitish, mother-of-pearl-like scales, and accompanied by itching.

Synonym.—*Lepra vulgaris*, scaly tetter.

Psoriasis.

1. Seat of predilection elbows and knees.
2. Scales pearly white.
3. Scales abundant.
4. Scales readily removed.
5. Sebaceous glands normal.
6. Numerous patches of eruption.
7. Centre of lesions red and elevated.
8. The character and seat of eruption changes from time to time.

Psoriasis (in negro).

1. Lesions change in seat and appearance.
2. Lesions frequently entirely disappear.

Erythematous Lupus.

1. Usually occurs on face.
2. Scales yellowish or gray.
3. Scales scanty.
4. Scales firmly adherent to sebaceous glands.
5. Mouths of glands patulous.
6. But one or two patches of eruption.
7. Centre of patches paler and depressed.
8. Lesions run a regular course without change.

Ichthyosis (in negro).

1. Lesions remain the same.
2. Eruption never entirely disappears.

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| 3. Eruption occurs in round patches. | 3. Usually diffused distribution. |
| 4. Scales pearly white. | 4. Scales yellowish and fish-like. |
| 5. Patches sharply defined. | 5. No well-defined borders. |
| 6. Skin between lesions normal. | 6. No islands of healthy skin. |
| 7. Intense itching. | 7. Little or no pruritus. |
| 8. Seasons present but little influence on the eruption. | 8. Lesions always better in summer. |
| 9. No enlargement of papillæ. | 9. Enlarged papillæ. |

Psoriasis.

Squamous Syphilide.

See Squamous Syphilide, page 63.

Psoriasis.

Squamous Eczema.

See Squamous Eczema, page 102.

Psoriasis.

Lichen Ruber Planus.

See Lichen Ruber Planus, page 88.

Psoriasis.

Seborrhœa.

See Seborrhœa, page 32.

Psoriasis.

Pityriasis Rubra.

See Pityriasis Rubra, page 104.

Psoriasis.

Tinea Tonsurans.

See Tinea Tonsurans, page 20.

Psoriasis.

Tinea Circinata.

See Tinea Circinata, page 19.

DIFFERENTIAL DIAGNOSIS OF THE HEMORRHAGIC
SKIN DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE HEMORRHAGIC SKIN DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Purpura	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Erythema Multiforme. Erythema Nodosum. Scorbutus. </div> </div>
Scorbutus	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Purpura. Erythema Nodosum. </div> </div>

Purpura.—A constitutional disorder characterized by the formation of hemorrhagic patches in the skin that do not disappear on pressure.

Synonyms.—Land scurvy, purples.

Purpura Rheumatica.

1. Rheumatic symptoms well marked.
2. Lesion hemorrhagic from the first.
3. Appears especially about the joints.
4. Color purplish or black.
5. Does not disappear on pressure.
6. Not accompanied by subjective sensations.
7. Lesions macular.
8. Not inflammatory.

Erythema Multiforme.

1. May not be accompanied by joint-symptoms.
2. Lesion hyperæmic at first.
3. Occurs especially on backs of hands and feet.
4. Color bright-red or pinkish.
5. Color fades on pressure.
6. Some burning and itching.
7. Lesions multiple.
8. Markedly inflammatory in character.

Purpura Rheumatica.**Erythema Nodosum.***See Erythema Nodosum, page 85.***Purpura.****Scorbutus.**

1. Usually accompanies rheumatism.
2. Not necessarily associated with bad hygiene.
3. No distinctly premonitory symptoms.
4. Gums not affected.
5. Disease begins suddenly.
6. Dietetic treatment no avail.
7. Teeth not affected.
8. Lesion appears as a simple ecchymosis.
9. No external hemorrhages.

1. Not associated with rheumatism.
2. Caused by bad hygienic influence.
3. General health much impaired.
4. Gums swollen and spongy.
5. Disease comes on gradually.
6. Dietetic treatment curative.
7. Teeth loose.
8. Lesions appear as bruises.
9. Bleeding from mucous surfaces.

Scorbutus.—A constitutional disease caused by a deficiency of fresh vegetable food, and characterized by bruise-like ecchymoses occurring in the skin, spongy state of the gums, hemorrhages from mucous surfaces, and general loss of health.

Synonyms.—Scurvy, purpura scorbutus.

Scorbutus.**Erythema Nodosum.***See Erythema Nodosum, page 85.***Scorbutus.****Purpura.***See Purpura, above.*

DIFFERENTIAL DIAGNOSIS OF THE HYPERTROPHIC
SKIN AFFECTIONS.

DIFFERENTIAL DIAGNOSIS OF THE HYPERTROPHIC SKIN DISEASES.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Chloasma	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle; margin-right: 5px;">{</div> <div> Tinea Versicolor. Leucoderma. Pigmentary Syphilis. </div> </div>
Ichthyosis	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle; margin-right: 5px;">{</div> <div> Squamous Eczema. Psoriasis. </div> </div>
Keratosis Pilaris	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle; margin-right: 5px;">{</div> <div> Cutis Anserina. Papular Eczema. Papular Syphilide. </div> </div>
Scleroderma	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle; margin-right: 5px;">{</div> <div> Lepra. Morphœa. </div> </div>
Morphœa	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle; margin-right: 5px;">{</div> <div> Scleroderma. Leucoderma. Lepra. </div> </div>
Elephantiasis	Chronic cellulitis.

Chloasma.—A pigmentary affection of the skin, characterized by the formation of defined, smooth, yellowish-brown patches.

Synonyms.—Moths, liver spots.

Chloasma.

Tinea Versicolor.

See Tinea Versicolor, page 25.

Chloasma.

Pigmentary Syphilide.

See Pigmentary Syphilide, page 66.

Chloasma.

1. Patches yellow.
2. Surrounding skin not pigmented.
3. Occurs chiefly about face, neck, and flexions.
4. Patches usually irregular in shape.
5. Line of demarcation not well marked.
6. Hairs darkened or not altered in color.
7. Usually associated with disease of some internal organs, as uterus, supra-renal capsules, etc.

Leucoderma (Vitiligo).

1. Patches white.
2. Surrounded by pigmented border.
3. Seen especially about neck and extremities.
4. Patches round until they unite.
5. Line of demarcation very distinct.
6. Hairs in patches whitened.
7. Not associated with other diseases.

Ichthyosis.—A congenital skin disease, characterized by an increase in the papillary growth and by a dry scaly condition of the whole surface, especially marked in winter.

Synonyms.—Fish skin, alligator skin.

Ichthyosis.

1. Always a dry disease.
2. Papillæ greatly enlarged.
3. Very chronic affection.
4. Always better in summer.
5. No redness of skin.
6. Lesion extensive.
7. Lesion less marked in flexures.
8. Scales abundant and fish-like.

Squamous Eczema.

1. History of moisture at some time.
2. Papillæ not hypertrophied.
3. Lesions change from time to time.
4. Seasons have but little influence.
5. Skin always inflamed.
6. Eruption usually occurs in patches.
7. Lesion may occur in the flexures.
8. Scales bran-like and less abundant.

Ichthyosis.**Psoriasis.**

See Psoriasis, page 106.

Keratosis Pilaris.—A hypertrophic affection of the skin, characterized by the formation of small conical papillary elevations situated about the hair follicles.

Synonyms.—Lichen pilaris, pityriasis pilaris.

Keratosis Pilaris.

1. Eruption permanent.
2. Lesions appear gradually.
3. Skin dry and scaly.
4. Hairs twisted or broken.

Keratosis Pilaris.

See Papular Syphilide, page 62.

Keratosis Pilaris.

See Papular Eczema, page 62.

Cutis Anserina (Goose Flesh).

1. Transient affection.
2. Appears suddenly.
3. Skin rough.
4. Hairs not affected.

Papular Syphilide.**Papular Eczema.**

Scleroderma.—A chronic disease, characterized by a hard hide-bound condition of the skin, preventing the sliding of the skin and proper movement of the joints.

Synonyms.—Hide-bound skin, sclerema.

Scleroderma.

1. Local disease affecting the skin only.
2. Not preceded by multiforme eruptions.
3. General health not impaired.
4. No change in sensibility of skin.
5. No formation of tubercles.
6. Skin hide-bound.
7. Greater portion of skin affected.
8. Face, fingers, and toes seldom attacked.
9. No joint destruction, necrosis, etc.

Scleroderma.

1. Involves greater portion of the skin.
2. No line of demarcation.

Lepra.

1. Constitutional disease.
2. Accompanied or preceded by skin eruptions.
3. General health very poor.
4. Skin hyperæsthetic, then anæsthetic.
5. Presence of tubercles, especially about face.
6. Skin movable on the deeper structures.
7. Skin affected in patches.
8. Nearly always affected.
9. Joints disorganized, bones necrosed, etc.

Morphœa.

1. Disease usually limited in area.
2. Line of demarcation well marked.

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| 3. Skin hard and stiff. . | 3. Skin soft or firm but not hard. |
| 4. Structure of skin does not seem altered. | 4. Skin always seems changed in structure. |
| 5. Disease begins as a hardness of the skin. | 5. Begins as hyperæmic, reddish patches. |
| 6. No subjective symptoms. | 6. Tingling and pain in affected parts. |
| 7. Lesions symmetrical. | 7. Lesions asymmetrical. |
| 8. Lesions do not follow nerve tracts. | 8. Lesions follow thenerves. |
| 9. Often rapid in development. | 9. Always slow in development. |
| 10. No enlarged vessels. | 10. Vessels enlarged. |
| 11. No striæ atrophicæ. | 11. Presence of atrophic lines. |

Morphœa.—A subacute disease, characterized by the hide-bound condition of the skin, occurring in well-defined patches and surrounded by a halo.

Morphœa.

1. Local disease.
2. General health fair.
3. Sensibility of patches normal.
4. Ends in recovery.
5. No special deformity. (?)
6. Patches increase rapidly at first.
7. Not preceded by multiforme eruptions.
8. Fingers and toes seldom attacked.
9. No formation of tubercles.
10. No destruction of joints, bones, etc.

Morphœa.

Morphœa.

1. Structural change in skin.
2. Skin firm to the touch.
3. Affected skin yellowish color.

Lepra.

1. Constitutional endemic affection.
2. Health greatly impaired.
3. Patches hyperæsthetic then anæsthetic.
4. No recovery.
5. Great deformity of face, hands, and feet.
6. Begins very insidiously.
7. Presence of skin eruptions as blebs, papules, etc.
8. Always affected.
9. Presence of tubercles.
10. Joints and bones diseased.

Scleroderma.

Leucoderma.

1. No structural change in skin.
2. Skin soft.
3. Lesions white in color.

See Scleroderma, page 117.

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| 4. Movability of skin impaired. | 4. Skin not hide-bound. |
| 5. Patches bounded by a congestive halo. | 5. Lesions bounded by pigmented skin. |
| 6. Lesion tends toward recovery. | 6. Patches increase in extent and number. |
| 7. Lesions usually limited in area. | 7. Patches extensive in area. |
| 8. Accompanied by tingling and pain. | 8. No subjective sensations. |
| 9. Striæ atrophicæ. | 9. No atrophic lines. |

Elephantiasis.—A chronic hypertrophic affection, characterized by the hypertrophy of the skin and connective tissue, usually of the lower extremity, causing well-marked deformity, due to the swelling, œdema, papillary growths, and pigmentation.

Synonyms.—Pachyderma, elephant leg, Barbadoes leg.

Elephantiasis.

1. Pigmentation of affected part.
2. Papillæ greatly enlarged.
3. Skin very rough.
4. Skin greatly hypertrophied.
5. Swelling due to hypertrophy of skin and cellular tissue.
6. Swelling hard and dull color.
7. Pits but little on pressure.
8. Fissures common.
9. But little pain and œdema.
10. Ulceration.

Chronic Cellulitis.

1. Surface reddened but not pigmented.
2. Papillæ not hypertrophied.
3. Skin smooth.
4. Skin slightly thickened.
5. Swelling due to œdema and exudation of inflammatory products.
6. Swelling soft and shiny.
7. Pits readily on pressure.
8. Fissures uncommon.
9. Pain and œdema most marked on pressure.
10. Suppuration and abscesses common.

DIFFERENTIAL DIAGNOSIS OF THE ATROPHIC SKIN
DISEASES.

DIFFERENTIAL DIAGNOSIS OF THE ATROPHIC SKIN DISEASES.

NAME OF DISEASE.*	DISEASES TO BE DIFFERENTIATED.
Leucoderma	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Lepra. Tinea versicolor. Morphœa. Chloasma. Pigmentary syphilide. </div> </div>
Alopecia areata	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Syphilitic alopecia, etc. Tinea tonsurans. </div> </div>

Leucoderma.—An atrophic affection of the pigment of the skin, characterized by the formation of sharply defined whitish patches surrounded by a slightly pigmented border.

Synonyms.—Vitiligo, piebald skin, cutis variegata.

Leucoderma.

1. Absence of color in spots.
2. Patches surrounded by pigmented skin.
3. Skin normal in texture.
4. Skin normal in sensibility.
5. Skin smooth.
6. Local disease.
7. Not accompanied by skin eruptions.

Lepra.

1. Patches of macular or tubercular eruptions.
2. Patches surrounded by normal skin.
3. Skin infiltrated by a distinct deposit.
4. Skin altered in sensibility.
5. Skin firm and rough.
6. Conditional and endemic disease.
7. Preceded by multiforme eruptions.

- | | |
|--|---|
| 8. No deformity, tubercles, ulcers, etc. | 8. Great deformity of face, extremities, etc. |
| 9. Lesions large and very pale. | 9. Patches smaller and darker. |

Leucoderma.**Tinea Versicolor.***See Tinea Versicolor, page 24.***Leucoderma.****Morphœa.***See Morphœa, page 118.***Leucoderma.****Chloasma.***See Chloasma, page 116.*

Alopecia Areata.—An atrophic disease of the hair, characterized by the sudden appearance of circumscribed, usually round bald patches of shiny whiteness.

Synonyms.—Tinea decalvans, pelade, area celsi, porrigo decalvans.

Leucoderma.**Pigmentary Syphilide.***See Pigmentary Syphilide, page 124.***Alopecia Areata.****Tinea Tonsurans.***See Tinea Tonsurans, page 20.***Alopecia Areata.****Syphilitic Alopecia, etc.**

- | | |
|---|--|
| 1. Hair falls out suddenly. | 1. Hair falls out gradually. |
| 2. Hair bulbs atrophied. | 2. Hair follicles not affected. |
| 3. Repeated attacks. | 3. Relapses not common. |
| 4. Bald patches circumscribed. | 4. Disease not limited. |
| 5. Color of patches white. | 5. Color of patches normal. |
| 6. Skin smooth, thin, and dry. | 6. Skin rough, thick, and frequently scaly. |
| 7. Not accompanied by eruptions or dandruff of the scalp. | 7. Frequently accompanied by eruptions on the scalp. |
| 8. General health not impaired. | 8. Constitutional symptoms usually present. |

DIFFERENTIAL DIAGNOSIS OF THE NEW FORMATIONS IN THE SKIN.

DIFFERENTIAL DIAGNOSIS OF THE NEW FORMATIONS IN THE SKIN.

NAME OF DISEASE.	DISEASES TO BE DIFFERENTIATED.
Keloid	Scars. { Acne molluscum. Lipomata. Gummata. Sarcoma cutis.
Fibroma	{ Lupus vulgaris. Tinea circinata. Acne rosacea. Seborrhœa. Psoriasis. Erythematous eczema.
Erythematous lupus	{ Sarcoma cutis. Lepra. Epithelioma. Tubercular syphilide. Erythematous lupus. Acne rosacea. Gummy syphilide.
Lupus vulgaris	{ Sarcoma cutis. Lupus vulgaris. Leucoderma. Morphœa. Scleroderma. Tubercular syphilide.
Lepra	

Epithelioma	{ Sarcoma cutis. Lupus vulgaris. Seborrhœa. Warts. Tubercular syphilide. Gummy syphilide (ulcers). Chancre.
Sarcoma cutis	{ Lupus vulgaris. Epithelioma. Lepra. Syphilis. Fibroma.

Keloid.—A benign cutaneous growth, characterized by the formation of one or more firm, reddish, elevated ridges or nodules, arranged usually in form of a claw, and resembling an hypertrophied cicatrix.

Synonyms.—Kelis, cheloid.

Keloid.

1. Lesion has a crab-like appearance.
2. Pinkish or reddish color.
3. Spreads from a central point.
4. Scars elevated.
5. Firm elastic consistence.
6. Usually accompanied by pain.
7. May not have resulted from injury.
8. Does not contract or produce deformity.

Scars.

1. Scar takes the shape of the injury to the skin.
2. White color.
3. Lesion has no tendency to extend.
4. Scars usually depressed.
5. Fissure dense and not elastic.
6. Pain usually absent.
7. Always produced from injury.
8. The scar tissue continually contracting produces deformities.

Fibroma.—A connective-tissue new growth, characterized by the formation of soft, rounded tumors situated in and beneath the skin, capable of invagination.

Synonyms.—Mollusum, mollusum fibrosum, mollusum pendulosum.

Fibroma.

1. Tumors have firm elastic feel.
2. Capable of being invaginated by probe or finger—"pillowy."
3. Are not lobulated.
4. Usually pedunculated.
5. Usually multiple.
6. Frequently situated in the skin.

Fibroma.

See Gummy Syphilide, page 68

Fibroma.

See Acne Molluscum, page 37

Fibroma.

See Sarcoma Cutis, page 134.

Lipomata.

1. Soft to the touch.
2. Feel like tumors under the skin, incapable of vagination.
3. Lobulated in structure.
4. Flat in appearance.
5. Not numerous.
6. Always situated beneath the skin.

Syphilitic Tumors.**Acne Molluscum.****Sarcoma Cutis.**

Erythematous Lupus.—A cellular new growth usually occurring on the face, characterized by the formation of reddish patches covered with yellowish scales adherent to the mouths of the distended and patulous sebaceous glands.

Synonyms.—Lupus sebaceus, seborrhœa congestiosa, erythema scrofulide.

Erythematous Lupus.

1. Rarely occurs before puberty.
2. Absence of tubercles and papules.
3. Superficial lesion.
4. Sebaceous glands open and enlarged.
5. No ulceration.
6. No cicatricial formation.
7. Patches uniform red color.
8. Patches covered with adherent yellow scales.
9. Lesion well defined.

Lupus Vulgaris.

1. Always begins in childhood.
2. Presence of tubercles and papules.
3. Lesion deep-seated.
4. Sebaceous glands not affected.
5. Ulceration.
6. Formation of cicatricial tissue.
7. Lesion ununiform reddish-blue or violaceous color.
8. Absence of scales.
9. Lesion ill-defined.

Lupus Erythematosus.*See Tinea Circinata*, page 19.**Lupus Erythematosus.***See Acne Rosacea*, page 36.**Erythematous Lupus.***See Seborrhœa*, page 33.**Erythematous Lupus.***See Psoriasis*, page 106.**Erythematous Lupus.***See Erythematous Eczema*, page 99.**Tinea Circinata.****Acne Rosacea.****Seborrhœa.****Psoriasis.****Erythematous Eczema.**

Lupus Vulgaris.—A cellular new growth in the skin, usually affecting the face of young persons, characterized by the formation of reddish patches of papules and tubercles, terminating in ulceration and cicatrices.

Synonyms.—Tubercular scrofulide, lupus tuberculosis, lupus hypertrophicus.

Lupus Vulgaris.

1. Disease always begins in childhood.
2. Usually limited to the face.
3. Tubercles small in size.
4. No alteration in sensation.
5. Ulceration superficial and limited.
6. No constitutional disturbance.
7. Deformity not very marked.
8. No joint destruction, necrosis, etc.

Lupus Vulgaris.

1. Begins in childhood.
2. Accompanied by papules and tubercles.
3. Little or no pain.
4. Induration diffuse.
5. Ulceration superficial.
6. Loss of substance small.

Lepa.

1. Usually begins in adults.
2. Not limited to the face.
3. Tubercles large size.
4. Hyperæsthesia and anæsthesia.
5. Ulceration deep and extensive.
6. General health very poor.
7. Very great deformity to face and hands.
8. Destructive joint and bone disease.

Epithelioma.

1. Disease of adults usually.
2. No accompanying skin lesions.
3. Lancinating pain.
4. Induration circumscribed.
5. Deep ulceration.
6. Loss of substance great.

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|--|--|
| 7. Ulceration begins at several points. | 7. Ulceration begins at one point. |
| 8. Base of ulcer even and granulating. | 8. Base deep, with hard, elevated edges. |
| 9. Course slow. | 9. Course rapid. |
| 10. Discharge pale, viscid, and not offensive. | 10. Discharge yellow, puriform, and offensive. |

Lupus Vulgaris.**Sarcoma Cutis.***See Sarcoma Cutis, page 134.***Lupus Vulgaris.****Tubercular Syphilide.***See Tubercular Syphilide, page 67.***Lupus Vulgaris.****Erythematous Lupus.***See Erythematous Lupus, page 129.***Lupus Vulgaris.****Acne Rosacea.***See Acne Rosacea, page 36.***Lupus Vulgaris.****Gummy Syphilide.***See Gummy Syphilide, page 69.*

Lepa.—A chronic endemic constitutional disease, characterized by anæsthetic patches, tubercular ulceration, bone necrosis, general atrophy, and deformity of hands and feet, and accompanied by severe constitutional disturbance.

Synonyms.—Leprosy, leontiasis, elephantiasis Græcorum.

Lepa.**Lupus Vulgaris.***See Lupus Vulgaris, page 130.***Lepa.****Leucoderma.***See Leucoderma, page 123.***Lepa.****Morphœa.***See Morphœa, page 118.***Lepa.****Scleroderma.***See Scleroderma, page 117.***Lepa.****Sarcoma Cutis.**

- | | |
|---|--|
| 1. Hyperæsthetic and anæsthetic symptoms. | 1. No altered sensations. |
| 2. Presence of bulbous and macular lesions. | 2. Absence of other cutaneous lesions. |

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|--|--|
| 3. Great deforming mutilation. | 3. No deforming mutilation. |
| 4. Tubercles small. | 4. Tubercles large. |
| 5. Tubercles bronze color. | 5. Tubercles flesh color. |
| 6. Tubercles not very numerous. | 6. Tubercles have a more general distribution. |
| 7. Slow degeneration of tubercles. | 7. Rapid degeneration. |
| 8. Very chronic disease. | 8. More acute affection. |
| 9. Joint destruction and bone disease. | 9. Joints and bones less apt to be affected. |

Lepra.**Tubercular Syphilide.**

See Tubercular Syphilide, page 68.

Epithelioma.—A new formation in the skin, characterized by a cellular infiltration, which breaks down, leaving an ulcer having a tendency to extend and involve deeper structures.

Synonyms.—Rodent ulcer, epithelial cancer, skin cancer.

Epithelioma.**Warts.**

- | | |
|---|--|
| 1. Rapid growth. | 1. Grow slowly. |
| 2. Tendency to ulcerate. | 2. No tendency to break down. |
| 3. Accompanied by lancinating pain. | 3. No pain. |
| 4. Usually occurs after forty years of age. | 4. May occur at any age. |
| 5. Growth but slightly elevated. | 5. Growths elevated. |
| 6. Tissues about lesion infiltrated and hard. | 6. No infiltration about base of wart. |
| 7. Lesion soon assumes malignant form. | 7. Remain benign for years. |
| 8. Glands in neighborhood enlarged. | 8. Glands not affected. |

Epithelioma.**Chancre.**

See Chancre, page 59.

Epithelioma.**Seborrhœa (Horny).**

- | | |
|---|--------------------------------|
| 1. Unaccompanied by seborrhœic patches. | 1. Presence of true seborrhœa. |
| 2. May be scabbing, but no scaling. | 2. Patches scaly. |

- | | |
|---|-------------------------------------|
| 3. Lancinating pains. | 3. Accompanied by itching. |
| 4. Tendency to ulcerate. | 4. No ulceration. |
| 5. Base infiltrated. | 5. No infiltration of skin. |
| 6. Lymphatic glands enlarged. | 6. Sebaceous glands affected. |
| 7. Under scab skin ulcerated. | 7. Skin under scabs red and greasy. |
| 8. Secretion scanty, viscid, and offensive. | 8. Secretion oily. |
| 9. Lesion deep-seated. | 9. Disease superficial. |
| 10. Runs a malignant course. | 10. Runs a benign course. |

Epithelioma.**Lupus Vulgaris.***See Lupus Vulgaris*, page 130.**Epithelioma.****Tubercular Syphilide.***See Tubercular Syphilide*, page 67.**Epithelioma (Ulcer).****Gummy Syphilide (Ulcer).***See Gummy Syphilide*, page 68.**Epithelioma.****Sarcoma Cutis.**

- | | |
|--|--|
| 1. Development slow. | 1. Rapid development. |
| 2. Occurs after middle life. | 2. Seen frequently in young adults. |
| 3. Frequently single. | 3. Tendency to multiplication. |
| 4. Always accompanied by ulceration. | 4. Inaptitude for ulcerative degeneration. |
| 5. Tumors of small size. | 5. Tumors as large as hen's eggs. |
| 6. Glands in neighborhood involved. | 6. Gland infiltration and enlargement rare. |
| 7. Little or no pigmentation. | 7. Pigmentation frequently well marked. |
| 8. Hard infiltration of deeper structures. | 8. Less infiltration and hardness surrounding tumor. |

Sarcoma Cutis or **Myeloma** of the skin is a new growth, characterized by the appearance of usually multiple and pigmented neoplasms having little tendency to ulcerate, but malignant and recurring after extirpation.

Synonyms.—Myeloma, mycosis fungoide.

Sarcoma Cutis.

1. May not occur until adult life.
2. Little tendency to ulcerate.
3. Rapidity of evolution.
4. Absence of cicatrices.
5. Occurs more frequently on extremities.
6. Usually multiple.
7. Presence of tumors.

Sarcoma Cutis.

1. General health suffers.
2. Tumors frequently pigmented.
3. Tumors seldom larger than eggs.
4. Tumors grow rapidly.
5. Tumors flat or sausage-shaped.
6. Slight tendency to ulcerate.
7. Malignant character of tumors.

Sarcoma Cutis.

See Lepra, page 131.

Sarcoma Cutis.

1. History negative.
 2. Little or no tendency to ulcerate.
 3. Lesions consist of the tumors.
 4. Internal treatment no avail.
- See diagnosis of tubercular and gummy syphilide.

Sarcoma Cutis.

See Epithelioma, page 133.

Lupus Vulgaris.

1. Always begins in childhood.
2. Marked tendency to ulcerate.
3. Progresses very slowly.
4. Presence of cicatricial tissue.
5. Nearly always on the face.
6. Usually single.
7. Presence of tubercles.

Fibroma.

1. General health good.
2. No pigmentation.
3. Tumors frequently grow to large size.
4. Tumors of slow growth.
5. Tumors frequently pedunculated and "pillowy feel."
6. No tendency toward ulceration.
7. Tumors perfectly benign.

Lepra.**Syphilis.**

1. History chancre.
2. Ulceration common.
3. History of secondary and tertiary lesions and symptoms of syphilis.
4. Internal treatment curative.

Epithelioma.

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THE END.

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BY CONDUCT W. CUTLER, M.S., M.D.

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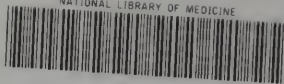
"Tables of the symptoms by which the various diseases may be distinguished from each other, are given in parallel columns; under pneumonia, for instance, four tables in which the symptoms of that disease are contrasted with those produced by acute pleurisy, pleurisy with effusion, acute phthisis, and broncho-pneumonia.

"Tabular statements of this kind are useful, etc."—*British Medical Journal*.





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